2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029420

Entity Name: C.L.E.M. HOSPITALITY, LLC

Current Principal Place of Business:

2958 KENILWICK DR. NORTH
CLEARWATER, FL 33761

Current Mailing Address:

2958 KENILWICK DR. NORTH
CLEARWATER, FL 33761 US

FEI Number: 30-0127195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENNA-EGERTER, AMY M
2958 KENILWICK DR NORTH
CLEARWATER, FL 33761 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER		Title	AUTHORIZED MEMBER
Name	CASTELLI, DAVID A		Name	CASTELLI, ELISA
Address	2489 FRISCO DR.		Address	2489 FRSCO DR.
City-State-Zip:	CLEARWATER FL 33761		City-State-Zip:	CLEARWATER FL 33761
Title	AUTHORIZED MEMBER		Title	AUTHORIZED MEMBER
Name	MENNA, AGOSTINO		Name	MENNA, MARIAN
Address	2958 KENILWICK DR N.		Address	2958 KENIWICK DR N
City-State-Zip:	CLEARWATER FL 33761		City-State-Zip:	CLEARWATER FL 33761
Title	AUTHORIZED MEMBER		Title	AUTHORIZED MEMBER
Name	MENNA-EGERTER, AMY		Name	LEGNINI, GUISEPPE
Address	3425 LAKE SHORE DR N.		Address	2958 KENILWICK DR. N.
City-State-Zip:	CLEARWATER FL 33761		City-State-Zip:	CLEARWATER FL 33761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY M. MENNA-EGERTER   MEMBER   03/23/2015

Electronic Signature of Signing Authorized Person(s) Detail   Date