

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014709

Entity Name: HOTELIER CONSULTING SERVICES, LLC**Current Principal Place of Business:**14640 NW 60TH AVE
MIAMI LAKES, FL 33014**Current Mailing Address:**14640 NW 60TH AVE
MIAMI LAKES, FL 33014 US**FEI Number: 86-1130936****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BOLANOS, RICARDO
14640 NW 60TH AVE
MIAMI LAKES, FL 33014 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 MGRM
Name PIS-BENITEZ, MIGUEL
Address 14640 NW 60TH AVE
City-State-Zip: MIAMI LAKES FL 33014Title ACCOUNTING
Name PIS-DUDOT, ALEX
Address 14640 NW 60TH AVE
City-State-Zip: MIAMI LAKES FL 33014Title AMBR
Name PIS-BENITEZ, MIGUEL
Address 14640 NW 60TH AVE
City-State-Zip: MIAMI LAKES FL 33014Title MGRM
Name ROJAS, AGUSTIN GENERAL
MANAGER
Address 14640 NW 60TH AVE
City-State-Zip: MIAMI LAKES FL 33014Title AMBR
Name PIS DU DOT, ANGEL
Address 14640 NW 60TH AVE
City-State-Zip: MIAMI LAKES FL 33014Title AMBR
Name ROJAS, AGUSTIN
Address 14640 NW 60TH AVE
City-State-Zip: MIAMI LAKES FL 33014

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: AGUSTIN ROJAS**GENERAL MANAGER****04/27/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date