#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: HAYLEY BOU-SLIMAN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: NAPLES HOTEL GROUP LLC

DOCUMENT# L1000003247

### **Current Principal Place of Business:**

7569 CORDOBA CIRCLE NAPLES. FL 34109

# **Current Mailing Address:**

7569 CORDOBA CIRCLE NAPLES, FL 34109

## FEI Number: 27-1642242

Name and Address of Current Registered Agent:

GREGORY, NEIL 41001 TAMIAMI TR NORTH **STE 250** NAPLES, FL 34103 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

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	BOU-SLIMAN, MICHAEL G	Name	BOU-SLIMAN, HAYLEY L
Address	7569 CORDOBA CIRCLE	Address	7569 CORDOBA CIRCLE
City-State-Zip	: NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

MANAGING PARTNER

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

02/24/2015

Date

FILED Feb 24, 2015 Secretary of State CC4605947971

Certificate of Status Desired: No

Date