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

Electronic Signature of Signing Authorized Person(s) Detail

NAPLES, FL 34109

Current Mailing Address:

SUITE 304

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

Authorized	Person(s)	Detail :
------------	-----------	----------

Authorized Person(s) Detail :				
Title	MGR	Title	MGRM	
Name	BOU-SLIMAN, MICHAEL G	Name	BOU-SLIMAN, HAYLEY L	
Address	1865 VETERANS PARK DRIVE SUITE 304	Address	1865 VETERANS PARK DRIVE SUITE 304	
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109	

DOCUMENT# L1000003247

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: NAPLES HOTEL GROUP LLC

Current Principal Place of Business:

1865 VETERANS PARK DRIVE SUITE 304

1865 VETERANS PARK DRIVE NAPLES, FL 34109 US

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

9632123675CC

Date

FILED Feb 12, 2019

Secretary of State

Certificate of Status Desired: No

02/12/2019