#### that my name appears above, or on an attachment with all other like empowered. MGRM

Electronic Signature of Signing Authorized Person(s) Detail

1865 VETERANS PARK DRIVE

SUITE 304 NAPLES, FL 34109

## **Current Mailing Address:**

SUITE 304 NAPLES, FL 34109 US

## 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 :			
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

**1865 VETERANS PARK DRIVE** 

DOCUMENT# L1000003247

Entity Name: NAPLES HOTEL GROUP LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

Mar 02, 2021 Secretary of State 9215197079CC

Date

FILED

Certificate of Status Desired: No

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 03/02/2021

SIGNATURE: HAYLEY BOU-SLIMAN

