

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066113

**Entity Name:** THOMAS LEE GROUP HOSPITALITY LLC

**Current Principal Place of Business:**

9966 KILGORE ROAD  
ORLANDO, FL 32836

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD.  
SUITE 50 #133  
ORLANDO, FL 32819 US

**FEI Number:** 68-0681128

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GUILLOT, BRYAN  
9966 KILGORE ROAD  
ORLANDO, FL 32836 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           MANAGER  
Name           GUILLOT, BRYAN T  
Address        7512 DR. PHILLIPS BLVD.  
City-State-Zip: SUITE 50 #133 FL 32819

Title           AUTHORIZED MEMBER  
Name           GUILLOT, LINDA S  
Address        7512 DR. PHILLIPS BLVD.  
City-State-Zip: SUITE 50 #133 FL 32819

Title           AUTHORIZED MEMBER  
Name           GUILLOT, BRYAN JR THOMAS  
Address        7512 DR. PHILLIPS BLVD.  
                  SUITE 50 #133  
City-State-Zip: ORLANDO FL 32819

*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:** BRYAN GUILLOT

**MANAGER**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date