

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000076071

**Entity Name:** INN EXPERT, LLC

**Current Principal Place of Business:**

200 MALAGA STREET  
SUITE 1  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

200 MALAGA STREET  
SUITE 1  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 45-2662041

**Certificate of Status Desired:** No

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

ARMSTRONG, DARLENE J  
200 MALAGA STREET  
SUITE 1  
ST. AUGUSTINE, FL 32084 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 ARMSTRONG, DARLENE J  
Address 200 MALAGA STREET, SUITE 1  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** DARLENE ARMSTRONG

MGRM

02/27/2015

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

\_\_\_\_\_  
Date