

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Apr 17, 2020
Secretary of State
9471475332CC

Entity Name: LAKE NONA HOTEL & RESORT, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD., STE. 200
ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD., STE. 200
ORLANDO, FL 32827

FEI Number: 30-0959853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER F. SOUZA, ASSISTANT SECRETARY

04/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP, SECRETARY
Name RENCORET, MICHELLE R
Address 6900 TAVISTOCK LAKES BLVD., STE. 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name THAKKAR, RASESH
Address 6900 TAVISTOCK LAKES BLVD., STE. 200
City-State-Zip: ORLANDO FL 32827

Title P
Name BEUCHER, NICHOLAS F III
Address 6900 TAVISTOCK LAKES BLVD., STE. 200
City-State-Zip: ORLANDO FL 32827

Title VP, T
Name WEAVER, BENJAMIN A
Address 6900 TAVISTOCK LAKES BLVD., STE. 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name COLLIN, THOMAS CRAIG
Address 6900 TAVISTOCK LAKES BLVD., STE. 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name GANDOLFO, CHRISTOPHER
Address 6900 TAVISTOCK LAKES BLVD., STE. 200
City-State-Zip: ORLANDO FL 32827

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: NICHOLAS F. BEUCHER, III

PRESIDENT

04/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date