

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000027206

**Entity Name:** A & O HOSPITALITY MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

290 BEAVER TRAIL DRIVE  
FREEPORT, FL 32439

**Current Mailing Address:**

290 BEAVER TRAIL DRIVE  
FREEPORT, FL 32439 US

**FEI Number:** 84-4781670

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS, INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 MGR  
Name SEWELL, ANALEE  
Address 93 DUNES LAKE CIRCLE APT J104  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** ANALEE LATOYA SEWELL-WATSON

**MANAGER**

**01/31/2023**

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

\_\_\_\_\_ Date