## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002287

Entity Name: TAMPA FALCON HOTEL, LLC

**Current Principal Place of Business:** 

360 N CRESCENT DR SOUTH BUILDING

BEVERLY HILLS, CA 90210

## **Current Mailing Address:**

360 N CRESCENT DR SOUTH BUILDING BEVERLY HILLS, CA 90210

FEI Number: 45-5069250 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BEVERLY HILLS CA 90210

INDEPENDENT MANAGER

C T CORPORATION SYSTEM 1200 SOUTH 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:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

**FILED** Apr 04, 2014

**Secretary of State** 

CC0361396327

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER

Name KALAWSKI, EVA M Name AROESTY, DAVID

Address 360 N CRESCENT DR. SOUTH Address 360 N CRESCENT DR BUILDING

SOUTH BUILDING

City-State-Zip:

Title

BEVERLY HILLS CA 90210 BEVERLY HILLS CA 90210 City-State-Zip: City-State-Zip:

Title **MANAGER** Title INDEPENDENT MANAGER

SIGLER, MARY ANN BEAUSOLEI, RICARDO Name Name

360 N CRESCENT DR THE CORPORATION TRUST CENTER Address Address

SOUTH BUILDING 1209 ORANGE STREET

Name Name

ZIMMER, STEVEN WARD, SALLY

THE CORPORATION TRUST CENTER 360 N CRESCENT DR Address Address 1209 ORANGE STREET

SOUTH BUILDING

WILMINGTON DE 19801

ASSISTANT SECRETARY

WILMINGTON DE 19801 BEVERLY HILLS CA 90210 City-State-Zip: City-State-Zip:

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: SALLY A WARD ASST SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

04/04/2014 Date