

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000005946

**Entity Name:** CWI SAWGRASS HOTEL, LLC

**Current Principal Place of Business:**

250 VESEY STREET  
15TH FLOOR  
NEW YORK, NY 10281

**Current Mailing Address:**

250 VESEY STREET  
15TH FLOOR  
NEW YORK, NY 10281 US

**FEI Number:** 35-2512478

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VP  
Name STRAUSS, LISA  
Address 250 VESEY STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

Title PRESIDENT  
Name LANCASTER, AMY  
Address 250 VESEY STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

Title TREASURER  
Name CASTLE, JOSH  
Address 250 VESEY STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

Title ASST. SECRETARY  
Name SIMMS, COLLETTE  
Address 250 VESEY STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10281

*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:** COLLETTE SIMMS

**ASSISTANT SECRETARY** 04/27/2025

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

\_\_\_\_\_  
Date