

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010115

**Entity Name:** MERRICK PARK HOTEL, LLC

**Current Principal Place of Business:**

350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
CHICAGO, IL 60654

**Current Mailing Address:**

350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
CHICAGO, IL 60654 US

**FEI Number:** 81-5078728

**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 AUTHORIZED MEMBER  
Name GGP OF FLORIDA, LLC  
Address 350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
City-State-Zip: CHICAGO IL 60654

Title AUTHORIZED MEMBER  
Name MERRICK PARK HOTEL MEMBER LLC  
Address 350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
City-State-Zip: CHICAGO IL 60654

Title AUTHORIZED PERSON  
Name KANTER, JACK R.  
Address 350 N. ORLEANS, SUITE 300  
ATTENTION: LCCS  
City-State-Zip: CHICAGO IL 60654

*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:** JACK R. KANTER

**AUTHORIZED PERSON**

**04/24/2020**

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

\_\_\_\_\_  
Date