



Form Revision Date 07/2016

ANNUAL STATEMENT

(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 802253791

Annual Statement Filing Year: 2020

1. Limited Liability Company Name:

CLEARWATER FLORIDA HOTEL MANAGEMENT, LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: ANNA M. SIGURDSON

2. Street Address: 55 E. LONG LAKE ROAD

Apt/Suite/Other: SUITE #204

City: TROY

State: MI

Zip Code: 48085

3. Mailing address of the registered office:

P.O. Box or Street Address: 55 E. LONG LAKE ROAD

Apt/Suite/Other: SUITE #204

City: TROY

State: MI

Zip Code: 48085

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 12th Day of November, 2019 by:

Signature	Title	Title if "Other" was selected
Remo Polselli	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2020 ANNUAL STATEMENT

for

CLEARWATER FLORIDA HOTEL MANAGEMENT, LLC

ID Number: 802253791

received by electronic transmission on November 12, 2019 ***, is hereby endorsed.***

Filed on November 12, 2019, ***by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 12th day of November, 2019.

A handwritten signature in cursive script, appearing to read "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau