

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000292381

**Entity Name:** CCN HOSPITALITY LLC**Current Principal Place of Business:**11520 CROWNED SPARROW LANE  
TAMPA, FL 33626**Current Mailing Address:**11520 CROWNED SPARROW LANE  
TAMPA, FL 33626**FEI Number:** 88-3052132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSE, NICOLE K  
11520 CROWNED SPARROW LANE  
TAMPA, FL 33626 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	Title	MGR
Name	ROSE, COREY M	Name	SAFFRAN, CORY I
Address	11520 CROWNED SPARROW LANE	Address	7715 S OBRIEN ST
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33616
Title	MGR		
Name	HOWEY, NATHAN D		
Address	7604 S FITZGERALD STREET		
City-State-Zip:	TAMPA FL 33616		

*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:** COREY ROSE

MANAGER

02/02/2024

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