

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045060

**Entity Name:** RIPB LLC

**Current Principal Place of Business:**

3889 MAPLE AVE  
STE 220  
DALLAS, TX 75219

**Current Mailing Address:**

3889 MAPLE AVE  
STE 220  
DALLAS, TX 75219 US

**FEI Number:** 26-2552340

**Certificate of Status Desired:** No

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

METZ, JOHN  
1280 OLD CONGRESS AVE., STE. 107  
WEST PALM BEACH, FL 33407 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  
Name SPI HOSPITALITY, LLC  
Address 3889 MAPLE AVE  
STE 220  
City-State-Zip: DALLAS TX 75219

Title AMBR  
Name SQUIRES, RICHARD  
Address 3889 MAPLE AVE  
STE 220  
City-State-Zip: DALLAS TX 75219

Title AMBR  
Name METZ, JOHN  
Address 1800 OLD OKEECHOBEE RD SUITE  
100  
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR  
Name MORSE, TYLER  
Address 152 W 57TH STREET 46TH FLOOR  
City-State-Zip: NEW YORK NY 10019

Title AMBR  
Name MCR FLL LLC  
Address 152 W 57TH ST 46TH FL  
City-State-Zip: NEW YORK NY 10019

*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:** RICHARD SQUIRES

**MANAGER**

**02/14/2024**

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

\_\_\_\_\_  
Date