

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101521

**Entity Name:** UH-SI, LLC

**Current Principal Place of Business:**

6710A ROCKLEDGE DRIVE  
SUITE 420  
BETHESDA, MD 20817

**Current Mailing Address:**

6710A ROCKLEDGE DRIVE  
SUITE 420  
BETHESDA, MD 20817 US

**FEI Number:** 27-1193113

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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	MANAGER	Title	VP
Name	DJU HOTELS SI, LLC	Name	AMIDON, ROGER
Address	6710A ROCKLEDGE DRIVE SUITE 420	Address	6710A ROCKLEDGE DRIVE SUITE 420
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817

*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:** AMIDON ROGER

VP

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date