

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000131853

**Entity Name:** MENIN HOTELS, LLC

**Current Principal Place of Business:**

3050 BISCAYNE BOULEVARD  
PH-1  
MIAMI, FL 33137

**FILED**  
**Mar 08, 2017**  
**Secretary of State**  
**CC9730002594**

**Current Mailing Address:**

3050 BISCAYNE BOULEVARD  
PH-1  
MIAMI, FL 33137 US

**FEI Number: 27-4407460**

**Certificate of Status Desired: No**

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

GALBUT, HOWARD  
3050 BISCAYNE BOULEVARD  
PH1  
MIAMI, FL 33137 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: HOWARD GALBUT**

**03/08/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name PHG CONSULTING, LLC  
Address 2650 BISCAYNE BOULEVARD, 2ND FLOOR  
City-State-Zip: MIAMI FL 33137

Title MANAGING MEMBER  
Name KEITH MENIN HOTELS, LLC  
Address 1100 WEST AVENUE, TS1  
City-State-Zip: MIAMI BEACH FL 33139

Title MEMBER  
Name SK FINANCIAL, LLC  
Address 2200 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title MEMBER  
Name REG FINANCIAL, LLC  
Address 2200 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title MEMBER  
Name MENIN FINANCIAL, LLC  
Address 2200 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

*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: KEITH MENIN**

**MANAGING PRINCIPAL**

**03/08/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date