

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000097779

**Entity Name:** BONO HOTEL MANAGEMENT LLC

**Current Principal Place of Business:**

4546 EL CAMINO REAL B10  
#640  
LOS ALTOS, CA 94022

**Current Mailing Address:**

4546 EL CAMINO REAL B10  
#640  
LOS ALTOS, CA 94022 US

**FEI Number:** 45-3122141

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
STE 400  
FORT MYERS, FL 33907 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 AMBR  
Name BONO, CLAUDIO  
Address 4546 EL CAMINO REAL B10  
#640  
City-State-Zip: LOS ALTOS CA 94022

*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:** CLAUDIO BONO

**MEMBER**

**04/27/2021**

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

\_\_\_\_\_  
Date