

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000148470

Entity Name: ATTON HOTELS MIAMI, LLC**Current Principal Place of Business:**1500 SW 1ST AVENUE
MIAMI, FL 33129**Current Mailing Address:**1500 SW 1ST AVENUE
MIAMI, FL 33129 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI
200 SOUTH BISCAYNE BLVD
SUITE 4100 (LAD)
MIAMI, FL 33131 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 CEO
Name TAMES, MANUEL
Address 1500 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name SOLARI, ANDRES
Address 1500 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name PERO, ALFONSO
Address 1500 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33129

Title CFO
Name VALENZUELA, PABLO
Address 1500 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name RIAL, MAURO
Address 1500 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33129

Title GENERAL MANAGER
Name DI GINO, CLAUDIA
Address 1500 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33129

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: DI GINO , CLAUDIA**GENERAL MANAGER****03/02/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date