

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000032474

**Entity Name:** THREEFOLD CAFE, LLC.**Current Principal Place of Business:**141 GIRALDA AVENUE  
CORAL GABLES, FL 33134**Current Mailing Address:**141 GIRALDA AVENUE  
CORAL GABLES, FL 33134 US**FEI Number:** 46-4937475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THREEFOLD HOLDINGS INC.  
141 GIRALDA AVENUE  
CORAL GABLES, FL 33134 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:** NICHOLAS SHARP

08/03/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | SHARP, NICHOLAS SIMON |
| Address         | 141 GIRALDA AVENUE    |
| City-State-Zip: | CORAL GABLES FL 33134 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | SHARP, TERESA         |
| Address         | 141 GIRALDA AVENUE    |
| City-State-Zip: | CORAL GABLES FL 33134 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGRM                    |
| Name            | THREEFOLD HOLDINGS INC. |
| Address         | 141 GIRALDA AVENUE      |
| City-State-Zip: | CORAL GABLES FL 33134   |

|                 |                             |
|-----------------|-----------------------------|
| Title           | AUTHORIZED MEMBER           |
| Name            | MELBOURNE HOSPITALITY GROUP |
| Address         | 141 GIRALDA AVENUE          |
| City-State-Zip: | CORAL GABLES FL 33134       |

*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:** NICHOLAS S SHARP

MGR

08/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date