

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000063535

**Entity Name:** BE HOSPITALITY LLC

**Current Principal Place of Business:**

ONE S.E. THIRD AVE. SUITE 2250  
MIAMI, FL 33131

**Current Mailing Address:**

ONE S.E. THIRD AVE. SUITE 2250  
MIAMI, FL 33131

**FEI Number:** 46-5653283

**Certificate of Status Desired:** No

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

AMKE REGISTERED AGENTS, L.L.C.  
ONE S.E. THIRD AVE. SUITE 2250  
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 AUTHORIZED MEMBER  
Name HANE, HENRY  
Address C/O ONE SE THIRD AVENUE  
SUITE 2250  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name PATSY LIVING TRUST U/T/D  
12/15/2018  
Address C/O ONE SE THIRD AVENUE  
SUITE 2250  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name US RIZO PATRON TRUST U/T/D  
6/28/2018  
Address C/O ONE SE THIRD AVENUE  
SUITE 2250  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name NOVELA HOLDINGS LTD.  
Address C/O ONE SE THIRD AVENUE  
SUITE 2250  
City-State-Zip: MIAMI FL 33131

*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:** NOVELA HOLDINGS LTD.

AM

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date