

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000143331

**Entity Name:** MPF HOSPITALITY, LLC

**Current Principal Place of Business:**

1 TOWN CENTER ROAD  
650  
BOCA RATON, FL 33486

**FILED**  
**Jan 29, 2024**  
**Secretary of State**  
**0783026580CC**

**Current Mailing Address:**

1 TOWN CENTER ROAD  
650  
BOCA RATON, FL 33486 US

**FEI Number: 81-1212743**

**Certificate of Status Desired: No**

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

DIFIORE, CORA  
1 TOWN CENTER ROAD  
600  
BOCA RATON, FL 33486 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 MGR  
Name FALCONE, MATTHEW  
Address 1 TOWN CENTER ROAD  
650  
City-State-Zip: BOCA RATON FL 33486

*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: MATTHEW FALCONE**

**OWNER**

**01/29/2024**

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

\_\_\_\_\_  
Date