

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000175569

**FILED  
Jun 26, 2020  
Secretary of State  
6897165018CC**

**Entity Name:** PELTA UCF INVESTMENTS LLC

**Current Principal Place of Business:**

C/O KEY PERFORMANCE HOSPITALITY MGMT  
114 W. 1ST STREET SUITE 218  
SANFORD, FL 32771

**Current Mailing Address:**

C/O KEY PERFORMANCE HOSPITALITY MGMT  
114 W. 1ST STREET SUITE 218  
SANFORD, FL 32771 US

**FEI Number:** 81-3917336

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	AUTHORIZED REPRESENTATIVE
Name	PELTA RE VENTURES LLC	Name	ANTONIK, TROY
Address	C/O KEY PERFORMANCE HOSPITALITY MGMT 114 W. 1ST STREET SUITE 218	Address	C/O KEY PERFORMANCE HOSPITALITY MGMT 114 W. 1ST STREET SUITE 218
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

*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:** TROY ANTONIK

**AUTHORIZED  
REPRESENTATIVE**

**06/26/2020**

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

\_\_\_\_\_  
Date