

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000166558

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**7241087670CC**

**Entity Name:** LTC HOSPITALITY OF FLORIDA LLC

**Current Principal Place of Business:**

10349 NW 77TH STREET  
DORAL, FL 33178

**Current Mailing Address:**

3245 NE 184TH STREET  
13109  
AVENTURA, FL 33160 US

**FEI Number:** 82-2490035

**Certificate of Status Desired:** No

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

GUELPERIN, SEBASTIAN  
10349 NW 77TH STREET  
DORAL, FL 33178 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 MR  
Name GUELPERIN, SEBASTIAN  
Address 10349 NW 77TH STREET  
City-State-Zip: DORAL FL 33178

Title MR  
Name CALABRESE, RODRIGO  
Address 10349 NW 77TH STREET  
City-State-Zip: DORAL FL 33178

Title MGR  
Name CALABRESE, RODRIGO  
Address 10349 NW 77TH STREET  
City-State-Zip: DORAL FL 33178

Title MGR  
Name GUELPERIN, SEBASTIAN  
Address 10349 NW 77TH STREET  
City-State-Zip: DORAL FL 33178

*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:** SEBASTIAN GUELPERIN

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date