# DOCUMENT# L19000090694

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: ORLANDO HOSPITALITY AIRPORT PARTNERS, LLC

## **Current Principal Place of Business:**

1200 NW 78TH AVE, SUITE 400 DORAL, FL 33126

#### **Current Mailing Address:**

1200 NW 78TH AVE, SUITE 400 DORAL, FL 33126 US

#### FEI Number: 83-4218193

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

VILA, OSCAR J 201 ALHAMBRA CIRCLE SUITE 702 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:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	AMARO, PEDRO JR.	Name	ALBERNI, WILLIAM
Address	1200 NW 78TH AVE, SUITE 400	Address	1200 NW 78TH AVE, SUITE 400
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126
Title	MGR	Title	MGR
Name	VILA, OSCAR J	Name	RIVERS, JOHNNY
Address	1200 NW 78TH AVE, SUITE 400	Address	1501 SOUTH ORANGE AVENUE, SUITE 105
City-State-Zip:	DORAL FL 33126	City-State-Zip:	ORLANDO FL 32824
Title	MGR	Title	MGR
Name	PARKS, DARYL	Name	HYZENS, MARC
Address	240 N. MAGNOLIA DRIVE	Address	164 HOPE STREET
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	LONGWOOD IL 32750

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.

MANAGER

## SIGNATURE: PEDRO AMARO

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date