

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000002871

Entity Name: MELBOURNE HOSPITALITY GROUP LLC**Current Principal Place of Business:**141 GIRALDA AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**141 GIRALDA AVENUE
CORAL GABLES, FL 33134 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THREEFOLD HOLDINGS INC
141 GIRALDA AVENUE
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_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	SHARP, NICHOLAS
Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	SHARP, TERESA
Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MEDDINGS, PHILIP
Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES 33134

Title	AMBR
Name	THREEFOLD HOLDINGS INC
Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	CORTIGMA HOLDINGS, INCORPORATED
Address	141 GIRALDA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

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: NICHOLAS SHARP

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date