# 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.

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

### 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000271829

Entity Name: NEWARK HOSPITALITY PARTNERS, LLC

## Current Principal Place of Business:

201 ALHAMBRA CIRCLE SUITE 702 CORAL GABLES, FL 33134

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

201 ALHAMBRA CIRCLE SUITE 702 CORAL GABLES, FL 33134

#### FEI Number: 85-2857319

### 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	: OSCAR VILA			10/04/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	VILA, OSCAR J	Name	VILA, OSCAR J	
Address	201 ALHAMBRA CIRCLE, SUITE 702	Address	201 ALHAMBRA CIRCLE, SUITE	702
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

#### Certificate of Status Desired: No

10/04/2021 Date

#### FILED Oct 04, 2021 Secretary of State 5489577616CR