

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000379122

Entity Name: MOST HIGH HOSPITALITY LLC**Current Principal Place of Business:**814 PONCE DE LEON BLVD.
SUITE 204
CORAL GABLES, FL 33134**Current Mailing Address:**814 PONCE DE LEON BLVD.
SUITE 204
CORAL GABLES, FL 33134 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, DANIEL
814 PONCE DE LEON BLVD.
SUITE 204
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	TORRES, DANIEL
Address	814 PONCE DE LEON BLVD., SUITE 204
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	GROSSER, JEFF
Address	814 PONCE DE LEON BLVD., SUITE 204
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	DE LA ROSA, TERESA
Address	814 PONCE DE LEON BLVD., SUITE 204
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	GROSSER, MICHELLE
Address	814 PONCE DE LEON BLVD., SUITE 204
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: DANIEL TORRES

MGR

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date