

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000248518

**FILED**  
**Apr 29, 2023**  
**Secretary of State**  
**5637520682CC**

**Entity Name:** PELTA TALLAHASSEE PROPCO LLC

**Current Principal Place of Business:**

C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT  
135 MIDDLE STREET, SUITE 1021  
LAKE MARY, FL 32746

**Current Mailing Address:**

C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT  
135 MIDDLE STREET, SUITE 1021  
LAKE MARY, FL 32746

**FEI Number:** 88-2676584

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	AUTHORIZED REPRESENTATIVE
Name	PELTA RE VENTURES LLC	Name	ANTONIK, TROY
Address	135 MIDDLE STREET, SUITE 1021	Address	C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT 135 MIDDLE STREET, SUITE 1021
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746

*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:** TROY ANTONIK

**AUTHORIZED INDIVIDUAL** 04/29/2023

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

\_\_\_\_\_  
Date