2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000229

Entity Name: RLJ II - C MIRAMAR LESSEE, LLC

Current Principal Place of Business:

C/O RLJ LODGING TRUST

3 BETHESDA METRO CENTER, SUITE 1000

BETHESDA, MD 20814

Current Mailing Address:

C/O RLJ LODGING TRUST 3 BETHESDA METRO CENTER, SUITE 1000

BETHESDA, MD 20814

FEI Number: 20-4856431 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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 **MEMBER** Title PRESIDENT AND TREASURER

RLJ LODGING II REIT SUB, LLC Name Name HALE, LESLIE D.

Address C/O RLJ LODGING TRUST Address C/O RLJ LODGING TRUST

3 BETHESDA METRO CENTER, SUITE 3 BETHESDA METRO CENTER, SUITE

BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814 City-State-Zip:

Title VΡ Title VΡ

Name MAHONEY, SEAN M. Name AMOS, CRAIG

Address C/O RLJ LODGING TRUST Address C/O RLJ LODGING TRUST

3 BETHESDA METRO CENTER, SUITE 3 BETHESDA METRO CENTER, SUITE 1000 1000

BETHESDA MD 20814 BETHESDA MD 20814 City-State-Zip: City-State-Zip:

Title VΡ Title VΡ

BARDENETT, THOMAS TURNER, NICOLE Name Name

Address C/O RLJ LODGING TRUST Address C/O RLJ LODGING TRUST

3 BETHESDA METRO CENTER, SUITE 3 BETHESDA METRO CENTER, SUITE

1000

BETHESDA MD 20814 BETHESDA MD 20814 City-State-Zip: City-State-Zip:

Title VICE PRESIDENT AND SECRETARY

MCKALIP, FREDERICK D. Name Address C/O RLJ LODGING TRUST

3 BETHESDA METRO CENTER, SUITE

1000

1000

BETHESDA MD 20814 City-State-Zip:

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: MCKALIP, FREDERICK D. SECRETARY - BY:

CIERRA MIMS-ATTORNEY-IN-FACT 03/16/2021

FILED Mar 16, 2021

Secretary of State

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