

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 19, 2018
Secretary of State
CC7787200098

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.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 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 PRESIDENT
Name BIERKAN, ROSS
Address C/O RLJ LODGING TRUST
 3 BETHESDA METRO CENTER, SUITE
 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name HALE, LESLIE
Address C/O RLJ LODGING TRUST
 3 BETHESDA METRO CENTER, SUITE
 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name MAYFIELD, CARL
Address C/O RLJ LODGING TRUST
 3 BETHESDA METRO CENTER, SUITE
 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name BARDENETT, THOMAS
Address C/O RLJ LODGING TRUST
 3 BETHESDA METRO CENTER, SUITE
 1000
City-State-Zip: BETHESDA MD 20814

Title VP & SECRETARY
Name MCKALIP, FREDERICK
Address C/O RLJ LODGING TRUST
 3 BETHESDA METRO CENTER, SUITE
 1000
City-State-Zip: BETHESDA MD 20814

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: FREDERICK MCKALIP

VP & SECRETARY

03/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date