

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004963

Entity Name: RLJ II - HA FORT WALTON BEACH, LLC

Current Principal Place of Business:

C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, SUITE 1000
BETHESDA, MD 20814

FILED
May 01, 2019
Secretary of State
8602077969CC

Current Mailing Address:

C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, SUITE 1000
BETHESDA, MD 20814 US

FEI Number: 26-0591778

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 P, T
Name HALE, LESLIE D
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

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

Title VP
Name MAHONEY, SEAN M.
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

SECRETARY, BY JOHN 05/01/2019
DUEMIG, ATTORNEY-IN-
FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date

