

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001547

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**4581168440CC**

**Entity Name:** RLJ III - EM TAMPA DT, LLC

**Current Principal Place of Business:**

3 BETHESDA METRO CENTER, SUITE 1000  
BETHESDA, MD 20814

**Current Mailing Address:**

3 BETHESDA METRO CENTER, SUITE 1000  
BETHESDA, MD 20814 US

**FEI Number:** 27-2232439

**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 AND TREASURER  
Name            HALE, LESLIE D.  
Address        3 BETHESDA METRO CENTER, SUITE  
                  1000  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            MAHONEY , SEAN M.  
Address        3 BETHESDA METRO CENTER, SUITE  
                  1000  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            BARDENETT , THOMAS  
Address        3 BETHESDA METRO CENTER, SUITE  
                  1000  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            WALENT , JAMES  
Address        3 BETHESDA METRO CENTER, SUITE  
                  1000  
City-State-Zip: BETHESDA MD 20814

Title            VICE PRESIDENT AND SECRETARY  
Name            MCKALIP, FREDERICK D.  
Address        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 D. MCKALIP

**SECRETARY, BY JULIE      05/01/2019**  
**PHILLIPS, ATTORNEY-IN-**  
**FACT**

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

\_\_\_\_\_  
Date