

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005018

**Entity Name:** DEERFIELD BEACH ES HOTEL, L.L.C.

**Current Principal Place of Business:**

C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
BETHESDA, MD 20814

**Current Mailing Address:**

C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
BETHESDA, MD 20814 US

**FEI Number:** 46-0860085

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
TALLAHASSEE, FL 32301 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:** JIM PERKINS

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name DEERFIELD BEACH HOTEL HOLDCO,  
L.L.C.  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE  
1500  
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT AND TREASURER  
Name HALE, LESLIE D.  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE  
1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name MAHONEY, SEAN M.  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE  
1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name BARDENETT, THOMAS  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE  
1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name AMOS, CRAIG  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE  
1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name TURNER, NICOLE  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE  
1500  
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:** SEAN M. MAHONEY

VICE PRESIDENT

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date