

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400005769

FILED
Mar 19, 2018
Secretary of State
CC7974211073

Entity Name: RLJ DBT KEY WEST LESSEE, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #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	Title	VP
Name	BIERKAN , ROSS	Name	HALE , LESLIE
Address	3 BETHESDA METRO CENTER SUITE 1000 C/O RLJ LODGING TRUST	Address	3 BETHESDA METRO CENTER SUITE 1000 C/O RLJ LODGING TRUST
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	VP	Title	VP
Name	MAYFIELD, CARL	Name	BARDENETT, THOMAS
Address	3 BETHESDA METRO CENTER SUITE 1000 C/O RLJ LODGING TRUST	Address	3 BETHESDA METRO CENTER SUITE 1000 C/O RLJ LODGING TRUST
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	VP & SECRETARY		
Name	MCKALIP, FREDERICK		
Address	3 BETHESDA METRO CENTER SUITE 1000 C/O RLJ LODGING TRUST		
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