

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000007753

**Entity Name:** DIAMONDROCK FL OWNER, LLC**Current Principal Place of Business:**2 BETHESDA METRO CENTER  
SUITE 1400  
BETHESDA, MD 20814**Current Mailing Address:**2 BETHESDA METRO CENTER  
SUITE 1400  
BETHESDA, MD 20814 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | MGRM   |
| Name            | DIAMONDROCK HOSPITALITY<br>LIMITED PARTNERSHIP |
| Address         | 2 BETHESDA METRO CENTER<br>SUITE 1400          |
| City-State-Zip: | BETHESDA MD 20814                              |
| Title           | DIRECTOR (MGR)                                 |
| Name            | QUINN, BRIONY R.                               |
| Address         | 2 BETHESDA METRO CENTER<br>SUITE 1400          |
| City-State-Zip: | BETHESDA MD 20814                              |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | DIRECTOR (MGR)                        |
| Name            | JOHNSON, JAY L.                       |
| Address         | 2 BETHESDA METRO CENTER<br>SUITE 1400 |
| City-State-Zip: | BETHESDA MD 20814                     |
| Title           | DIRECTOR (MGR)                        |
| Name            | TENNIS, WILLIAM J.                    |
| Address         | 2 BETHESDA METRO CENTER<br>SUITE 1400 |
| 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:** WILLIAM J. TENNIS**DIRECTOR (MGR)****04/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date