

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500007161

**FILED**  
**Feb 27, 2020**  
**Secretary of State**  
**6322116396CC**

**Entity Name:** SPT WAH WORTHINGTON LLC

**Current Principal Place of Business:**

C/O STARWOOD PROPERTY TRUST  
591 W PUTNAM AVENUE  
GREENWICH, CT 06830

**Current Mailing Address:**

C/O STARWOOD PROPERTY TRUST  
1601 WASHINGTON AVENUE SUITE 800  
MIAMI BEACH, FL 33139 US

**FEI Number:** 61-1790618

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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           | VP   | Title           | MGRM   |
| Name            | SOSEN, ANDREW                                      | Name            | SPT WAH HOLDINGS LLC                               |
| Address         | C/O STARWOOD PROPERTY TRUST<br>591 W PUTNAM AVENUE | Address         | C/O STARWOOD PROPERTY TRUST<br>591 W PUTNAM AVENUE |
| City-State-Zip: | GREENWICH CT 06830                                 | City-State-Zip: | GREENWICH CT 06830                                 |

*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:** ANDREW SOSEN

**VICE PRESIDENT**

**02/27/2020**

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

\_\_\_\_\_  
Date