

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007604

**Entity Name:** PELTA UCF HOLDCO LLC

**Current Principal Place of Business:**

C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT  
114 W 1ST STREET STE 218  
SANFORD, FL 32771

**Current Mailing Address:**

C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT  
114 W 1ST STREET STE 218  
SANFORD, FL 32771 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	PELTA UCF INVESTMENTS LLC	Name	ANTONIK, TROY
Address	C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT 114 W 1ST STREET STE 218	Address	C/O KEY PERFORMANCE HOSPITALITY MANAGEMENT 114 W 1ST STREET STE 218
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

*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:** TROY ANTONIK

**AUTHORIZED  
REPRESENTATIVE**

**04/30/2021**

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

\_\_\_\_\_  
Date