	The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.				
SIGNATURE:								
		Electronic Signature of Registered Agent			Date			
	Authorized I	Person(s) Detail :						
	Title	MGRM	Title	М				
	Name	KASSIN, STEVEN	Name	KASSIN, ISAAC				
	Address	43 WEST 24TH STREET 10TH FLOOR	Address	43 WEST 24TH STREET 10TH FLOO	R			
	City-State-Zip:	NEW YORK NY 10010	City-State-Zip:	NEW YORK NY 10010				
	Title	М						
	Name	KASSIN, ALBERT						
	Addroop							

# DOCUMENT# M2000007125

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### Entity Name: INFINITY HOSPITALITY MANAGEMENT LLC

### **Current Principal Place of Business:**

43 WEST 24TH STREET 10TH FLOOR NEW YORK, NY 10010

### **Current Mailing Address:**

43 WEST 24TH STREET 10TH FLOOR NEW YORK, NY 10010 US

### FEI Number: 61-1916341

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

NRAI SERVICES INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Name	KASSIN, STEVEN	Name	KASSIN, ISAAC
Address	43 WEST 24TH STREET 10TH FLOOR	Address	43 WEST 24TH STREET 10TH FLOOP
City-State-Zip:	NEW YORK NY 10010	City-State-Zip:	NEW YORK NY 10010
Title	М		
Name	KASSIN, ALBERT		
Address	43 WEST 24TH STREET 10TH FLOOR		
City-State-Zip:	NEW YORK NY 10010		

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: STEVEN KASSIN

MANAGER

### 01/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Jan 17, 2023 Secretary of State 5291595868CC

Certificate of Status Desired: No