

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081956

**Entity Name:** EXPOSHIPS HOSPITALITY SERVICES, LLC.

**Current Principal Place of Business:**

199 EAST FLAGLET STREET  
#1760  
MIAMI, FL 33131

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**8470684274CC**

**Current Mailing Address:**

199 EAST FLAGLER STREET  
#1760  
MIAMI, FL 33131 US

**FEI Number: 27-3181755**

**Certificate of Status Desired: No**

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

LESTER, DAVID  
199 EAST FLAGLER ST. #1760  
MIAMI, FL 33131 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           | MANAGER                          | Title           | MANAGER                          |
| Name            | LESTER, DAVID                    | Name            | LESTER, LEE ANN                  |
| Address         | 199 EAST FLAGLER STREET<br>#1760 | Address         | 199 EAST FLAGLER STREET<br>#1760 |
| City-State-Zip: | MIAMI FL 33131                   | City-State-Zip: | MIAMI FL 33131                   |

*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: DAVID LESTER**

**MANAGER**

**02/11/2019**

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

\_\_\_\_\_  
Date