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: PEDRO VILLAR

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

06/08/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000135925

Entity Name: CORAL GABLES MIRACLE MILE HOTEL, LLC

Current Principal Place of Business:

1001 SW 2ND AVE SUITE 500 MIAMI, FL 33130

Current Mailing Address:

1001 SW 2ND AVE SUITE 500 MIAMI, FL 33130 US

FEI Number: 46-1555222

Name and Address of Current Registered Agent:

VILLAR, PEDRO 1001 SW 2ND AVE SUITE 500 MIAMI, FL 33130 US

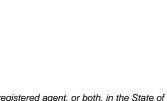
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail ·

Autionzeu i erson(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	VILLAR, PEDRO	Name	AROCHA, FRANCISCO
Address	1001 SW 2ND AVE SUITE 500	Address	1001 SW 2ND AVE SUITE 300
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130



Certificate of Status Desired: No

FILED Jun 08, 2020 Secretary of State 2451113777CC

Date

Date