

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000178559

**Entity Name:** ATTON MIAMI AIRPORT HOTEL, LLC

**Current Principal Place of Business:**

1500 SW 1ST AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

1500 SW 1ST AVENUE  
MIAMI, FL 33129 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
200 S BISCAYNE BLVD STE 4100 (LAD)  
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            CEO  
Name            TAMES, MANUEL  
Address        1500 SW 1ST AVENUE  
City-State-Zip: MIAMI FL 33129

Title            CFO  
Name            VALENZUELA, PABLO  
Address        1500 SW 1ST AVENUE  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            SOLARI, ANDRES  
Address        1500 SW 1ST AVENUE  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            RIAL, MAURO  
Address        1500 SW 1ST AVENUE  
City-State-Zip: MIAMI FL 33129

Title            DIRECTOR  
Name            PERO, ALFONSO  
Address        1500 SW 1ST AVENUE  
City-State-Zip: MIAMI FL 33129

*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:** MANUEL TAMES

**CEO**

**04/04/2019**

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

\_\_\_\_\_  
Date