

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000068055

Entity Name: TRUST ALOFT LGA, LLC

Current Principal Place of Business:

806 DOUGLAS ROAD
4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

806 DOUGLAS ROAD
4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTER, JOHN M
806 DOUGLAS ROAD
4TH FLOOR
CORAL GABLES, FL 33134 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 AP
Name REGISTER, JOHN M
Address 806 DOUGLAS ROAD
City-State-Zip: CORAL GABLES FL 33134

Title AP
Name MACRAE, DAVID
Address 806 DOUGLAS ROAD
City-State-Zip: CORAL GABLES FL 33134

Title AP
Name PEREZ, VANESSA
Address 806 DOUGLAS ROAD
City-State-Zip: CORAL GABLES FL 33134

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: JOHN M REGISTER

MANAGING MEMBER

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date