

**2018 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 MICHAEL REGISTER

MGR

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date