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. 04/24/2023 EXECUTIVE ASSISTANT

SIGNATURE: LUCIE BELL

Electronic Signature of Signing Authorized Person(s) Detail

tate of Florida.

Title	MNG	Title	
Title	MING	nue	AP
Name	MILLER, ROBERT L	Name	BELL, LUCIE
Address	18701 SE FEDERAL HWY.	Address	18701 SE FEDERAL HWY.
City-State-Zip:	TEQUESTA FL 33469	City-State-Zip:	TEQUESTA FL 33469

	The above named er	he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S		
	SIGNATURE:			
		Electronic Signature of Registered Agent		
Authorized Person(s) Detail :				

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000467170

Entity Name: THE POINTE HOTEL, LLC

Current Principal Place of Business:

18701 SE FEDERAL HWY. TEQUESTA, FL 33469

Current Mailing Address:

18701 SE FEDERAL HWY. TEQUESTA. FL 33469 US

FEI Number: 87-3349151

Name and Address of Current Registered Agent:

MLR MANAGEMENT, LLC 18701 SE FEDERAL HWY. TEQUESTA, FL 33469 US

Date

Certificate of Status Desired: No

Date