

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004498

**Entity Name:** JOIE DE VIVRE HOSPITALITY, LLC

**Current Principal Place of Business:**

11777 SAN VICENTE BOULEVARD  
SUITE 900  
LOS ANGELES, CA 90049

**Current Mailing Address:**

10333 EAST DRY CREEK ROAD  
SUITE 450  
ENGLEWOOD, CO 80112 US

**FEI Number:** 27-2689706

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER, MEMBER  
Name           COMMUNE HOTELS AND RESORTS,  
                  LLC  
Address        10333 EAST DRY CREEK ROAD  
                  SUITE 450  
City-State-Zip: ENGLEWOOD CO 80112

Title           MANAGER  
Name           HAYS, MARK  
Address        10333 EAST DRY CREEK ROAD  
                  SUITE 450  
City-State-Zip: ENGLEWOOD CO 80112

Title           MANAGER  
Name           SABATIER, JAMES  
Address        10333 EAST DRY CREEK ROAD  
                  SUITE 450  
City-State-Zip: ENGLEWOOD CO 80112

Title           MANAGER  
Name           PALACIOS, OMAR  
Address        10333 EAST DRY CREEK ROAD  
                  SUITE 450  
City-State-Zip: ENGLEWOOD CO 80112

*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:** BRIAN BURNETT

**AUTHORIZED SIGNER**

**04/04/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date