

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000016860

**Entity Name:** RLIF RIVIERA BEACH SPE, LLC

**Current Principal Place of Business:**

201 WEST STREET  
ANNAPOLIS, MD 21401

**Current Mailing Address:**

201 WEST STREET  
ANNAPOLIS, MD 21401 US

**FEI Number: 87-4054373**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SACKS, AARON M  
Address 201 WEST STREET  
City-State-Zip: ANNAPOLIS MD 21401

Title AP  
Name PANOS, STEPHEN  
Address 201 WEST STREET  
City-State-Zip: ANNAPOLIS MD 21401

Title AP  
Name CODE, KENNETH  
Address 201 WEST STREET  
City-State-Zip: ANNAPOLIS MD 21401

Title AP  
Name FORDI, ROBERT  
Address 201 WEST STREET  
City-State-Zip: ANNAPOLIS MD 21401

Title AP  
Name CAMMETT, JOHN  
Address 201 WEST STREET  
City-State-Zip: ANNAPOLIS MD 21401

Title AP  
Name PICKETT, DUNCAN  
Address 201 WEST STREET  
City-State-Zip: ANNAPOLIS MD 21401

*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: SACKS, AARON M**

**AP**

**04/20/2022**

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

\_\_\_\_\_  
Date