

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000113357

**Entity Name:** DREAM PARADISE LLC

**Current Principal Place of Business:**

19390 COLLINS AVE  
825  
SUNNY ISLES , FL 33160

**Current Mailing Address:**

19390 COLLINS AVE  
825  
SUNNY ISLES , FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CASTROMAN, CECILIA  
19390 COLLINS AVE  
825  
SUNNY ISLES , FL 33160 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:** CECILIA CASTROMAN

03/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASTROMAN, CECILIA D.  
Address 19390 COLLINS AVE  
825  
City-State-Zip: SUNNY ISLES FL 33160

*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:** CECILIA CASTROMAN

MGR

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date