

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000324934

**Entity Name:** CAFE AMERICANO COLLINS LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
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 MGRM  
Name JACOBO RASSI, JOSE S  
Address 2121 PONCE DE LEON BLVD., STE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name DIB BUFARAH, JAMIL  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name ARAOZ, EDUARDO  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HURTADO, HECTOR  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
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:** JACOBO RASSI , JOSE S

MGRM

02/24/2023

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

\_\_\_\_\_  
Date