

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000088072

**Entity Name:** HOLLYWOOD EAST, LLC

**Current Principal Place of Business:**

C/O HOLLYWOOD EAST OWNER, LLC  
ATTN: VIVIAN Z. DIMOND 2665 S. BAYSHORE DRIVE, SUITE M102  
MIAMI, FL 33133

**Current Mailing Address:**

C/O HOLLYWOOD EAST OWNER, LLC  
ATTN: VIVIAN Z. DIMOND 2665 S. BAYSHORE DRIVE, SUITE M102  
MIAMI, FL 33133 US

**FEI Number:** 82-2603619

**Certificate of Status Desired:** No

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

DIMOND, VIVIAN Z.  
2665 S BAYSHORE DR  
STE M102  
MIAMI, FL 33133 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           | MGR                                | Title           | MGR                                |
| Name            | H3 HOLLYWOOD OWNER, LLC            | Name            | ALVAREZ, CRISTINA P                |
| Address         | 2665 S. BAYSHORE DRIVE, SUITE M102 | Address         | 2665 S. BAYSHORE DRIVE, SUITE M102 |
| City-State-Zip: | MIAMI FL 33133                     | City-State-Zip: | MIAMI FL 33133                     |

*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:** VIVIAN Z DIMOND

MGR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date