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.

Ρ

SIGNATURE: FABIAN TORRES

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 85-3227820

Name and Address of Current Registered Agent:

TORRES, FABIAN A SR 9700 SW 112 ST MIAMI, FL 33176 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	TORRES, FABIAN A	Name	TORRES, KAORI T
Address	9700 SW 112 ST	Address	9700 SW 112 ST
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

Certificate of Status Desired: No

FILED Mar 02, 2021 Secretary of State 6748249698CC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000300628

Entity Name: CITY OF DREAMS IN HOMESTEAD HOTEL LLC

Current Principal Place of Business:

55 S FLAGLER AVE HOMESTEAD, FL 33030

Current Mailing Address:

9700 SW 112 ST MIAMI. FL 33176

Date

03/02/2021 Date