

**2023 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

**FEI Number:** 85-3227820

**Certificate of Status Desired:** No

**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

\_\_\_\_\_ Date

**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

*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:** FABIAN TORRES

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01/17/2023

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

\_\_\_\_\_  
Date