

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000390657

**Entity Name:** HOTEL FOXTROT ALFA, LLC

**Current Principal Place of Business:**

3363 NE 163RD ST  
SUITE 709  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3363 NE 163RD ST  
SUITE 709  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 32-0643041

**Certificate of Status Desired:** No

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

IMWORLD SERVICES INC  
424 E CENTRAL BLVD  
#106  
ORLANDO, FL 32801 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            AMBR  
Name            HARMATH-FARKAS, ANDRAS  
Address        KAPOSVARI U 55  
City-State-Zip: BALATONFENYVES, HUNGARY HU  
                    8646

*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:** HARMATH-FARKAS ANDRAS

AMBR

03/24/2024

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

\_\_\_\_\_  
Date