

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025014

Entity Name: MASIHE, LLC**Current Principal Place of Business:**2301 COLLINS AVENUE
APT. 510
MIAMI BEACH, FL 33139**Current Mailing Address:**2301 COLLINS AVENUE
APT. 510
MIAMI BEACH, FL 33139 US**FEI Number:** 32-0287604**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELLER, DAN P ESQ.
2701 PONCE DE LEON BOULEVARD
SUITE 301
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:** DAN P HELLER

03/09/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	DUMONTET, HECTOR AUGUSTO R
Address	2301 COLLINS AVENUE APT. 510
City-State-Zip:	MIAMI BEACH FL 33139

Title	MGR
Name	REMONDA LAMAS, SILVIA NORMA
Address	2301 COLLINS AVENUE APT. 510
City-State-Zip:	MIAMI BEACH FL 33139

Title	MGR
Name	DUMONTET REMONDA, MARIA JOSE
Address	2301 COLLINS AVENUE APT. 510
City-State-Zip:	MIAMI BEACH FL 33139

Title	MGR
Name	DUMONTET REMONDA, MARIA BELEN DE LAS MERCEDES
Address	2301 COLLINS AVENUE APT. 510
City-State-Zip:	MIAMI BEACH FL 33139

Title	MGR
Name	DUMONTET REMONDA, SILVIA NORMA
Address	2301 COLLINS AVENUE APT. 510
City-State-Zip:	MIAMI BEACH FL 33139

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: HECTOR AUGUSTO DUMONTET**MANAGER**

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date