

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119443

**Entity Name:** MAWS USA LLC

**Current Principal Place of Business:**

1830 S. OCEAN DR  
UNIT 1802  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1830 S. OCEAN DR  
UNIT 1802  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 99-0370428

**Certificate of Status Desired:** No

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

ROSALES, ARIEH  
1830 S OCEAN DR UNIT 1802  
HALLANDALE BEACH, FL 33009 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:** ARIEH ROSALES

03/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROSALES COHEN, ARIEH  
Address 1830 S OCEAN DR #1802  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name ROSALES BENNARROCH, MOISES  
Address 1830 S. OCEAN DR  
1802  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name ROSALES BENARROCH, BENJAMIN  
Address 1830 S OCEAN DR  
1802  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name ROSALES BENARROCH, JOSY  
Address 1830 S. OCEAN DR  
UNIT 1802  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** ARIEH ROSALES COHEN

MANAGER

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date