

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000024208

**Entity Name:** MAWS USA #2, 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:** 99-0373764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MGR  
Name ROSALES, ARIEH  
Address 690 LONE PINE LANE  
City-State-Zip: WESTON FL 33327

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

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

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

Title MGR  
Name ROSALES, BENJAMIN  
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**DIRECTOR****03/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date