

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000038582

Entity Name: DVISHINU LLC

Current Principal Place of Business:

2020 N BAYSHORE DR #1502
MIAMI, FL 33137

FILED
Feb 19, 2016
Secretary of State
CC7299485877

Current Mailing Address:

C/O PIQUET LAW FIRM PA
1331 BRICKELL BAY DRIVE SUITE CU-2
MIAMI, FL 33131 US

FEI Number: 90-0818061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROFESSIONAL CORPORATE SERVICES, LLC
1331 BRICKELL BAY DRIVE
SUITE CU-2
MIAMI, FL 33131 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: INDYARA CATRAMBY ANDION PIQUET

02/19/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FATIMA PRADO FERREIRA
Address C/O PIQUET LAW FIRM PA
1331 BRICKELL BAY DRIVE, SUITE
CU-2
City-State-Zip: MIAMI FL 33131

Title MGR
Name MARCELO PIRES FERREIRA
Address C/O PIQUET LAW FIRM PA
1331 BRICKELL BAY DRIVE, SUITE
CU-2
City-State-Zip: MIAMI FL 33131

Title MGR
Name MARCELLE PRADO FERREIRA
Address C/O PIQUET LAW FIRM PA
1331 BRICKELL BAY DRIVE, SUITE
CU-2
City-State-Zip: MIAMI FL 33131

Title MGR
Name JOAO HENRIQUE PRADO FERREIRA
Address C/O PIQUET LAW FIRM PA
1331 BRICKELL BAY DRIVE, SUITE
CU-2
City-State-Zip: MIAMI FL 33131

Title MGR
Name ROBERTA PRADO FERREIRA
Address C/O PIQUET LAW FIRM PA
1331 BRICKELL BAY DRIVE, SUITE
CU-2
City-State-Zip: MIAMI FL 33131

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: FATIMA PRADO FERREIRA

MGR

02/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date