

**2021 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

**Current Mailing Address:**

C/O PIQUET LAW FIRM PA  
1000 BRICKELL AVENUE SUITE 201  
MIAMI, FL 33131 US

**FEI Number:** 90-0818061

**Certificate of Status Desired:** No

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

PROFESSIONAL CORPORATE SERVICES, LLC  
1000 BRICKELL AVENUE  
SUITE 201  
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

04/06/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FATIMA PRADO FERREIRA  
Address C/O PIQUET LAW FIRM PA  
1000 BRICKELL AVENUE SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MARCELO PIRES FERREIRA  
Address C/O PIQUET LAW FIRM PA  
1000 BRICKELL AVENUE SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MARCELLE PRADO FERREIRA  
Address C/O PIQUET LAW FIRM PA  
1000 BRICKELL AVENUE SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name JOAO HENRIQUE PRADO FERREIRA  
Address C/O PIQUET LAW FIRM PA  
1000 BRICKELL AVENUE SUITE 201  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ROBERTA PRADO FERREIRA  
Address C/O PIQUET LAW FIRM PA  
1000 BRICKELL AVENUE SUITE 201  
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

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date