	lling Address:			
119 MADEIR				
UCRAL GAE	BLES, FL 33134 US			
FEI Number: 81-2726240			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent	:		
	A			
119 MADEIRA /				
	AVENUE	ing its registered office or regis	tered agent, or both, in the State of FI	orida.
119 MADEIRA / CORAL GABLE The above named	AVENUE ES, FL 33134 US	ing its registered office or regis	tered agent, or both, in the State of Fl	
119 MADEIRA / CORAL GABLE The above named	AVENUE ES, FL 33134 US d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Fl	orida. 02/08/20 Date
119 MADEIRA / CORAL GABLE The above named SIGNATURE	AVENUE ES, FL 33134 US d entity submits this statement for the purpose of chang E: SONIA VIERTL	ing its registered office or regis	tered agent, or both, in the State of Fl	02/08/20
119 MADEIRA / CORAL GABLE The above named SIGNATURE Authorized	AVENUE ES, FL 33134 US d entity submits this statement for the purpose of chang E: SONIA VIERTL Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Fl	02/08/20
119 MADEIRA / CORAL GABLE The above named SIGNATURE Authorized Title	AVENUE ES, FL 33134 US d entity submits this statement for the purpose of chang E: SONIA VIERTL Electronic Signature of Registered Agent Person(s) Detail :			02/08/20
119 MADEIRA / CORAL GABLE The above named SIGNATURE	AVENUE ES, FL 33134 US d entity submits this statement for the purpose of chang E: SONIA VIERTL Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT	Title	VP	02/08/20

DOCUMENT# L16000098608

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SONHAN HOLDINGS, LLC

Current Principal Place of Business:

119 MADEIRA AVE CORAL GABLES, FL 33134

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: HANS VIERTL

VP

02/08/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 08, 2024 Secretary of State 2610998504CC