

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000300636

Entity Name: DHAWH LLC

Current Principal Place of Business:

601 NE 27TH ST
1803
MIAMI, FL 33137

FILED
Jun 07, 2021
Secretary of State
5699381309CC

Current Mailing Address:

601 NE 27TH ST
1803
MIAMI, FL 33137 US

FEI Number: 38-4140244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELAN BUSINESS SERVICES, CORP
1116 CEDAR FALLS DR
WESTON, FL 33327 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: SILVIA VILA

06/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	TBOTE CORP.	Name	YKS VODAS LLC
Address	601 NE 27TH ST 1803	Address	20801 BISCAYNE BLVD STE 403
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	AVENTURA FL 33180
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SEFTA GROUP LLC	Name	INVESTEZ LLC
Address	1162 NE 91ST ST	Address	1000 N. WEST SUITE 1501
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	WILMINGTON DE 19801
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MNOA LLC	Name	MINOYETTI, NICOLAS
Address	705 11TH ST APT 9	Address	GENERAL LAS HERAS 1261 VICENTE LOPEZ
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	BUENOS AIRES 1638
Title	AUTHORIZED MEMBER		
Name	TROTТА, ELIANA		
Address	AV. DEL LIBERTADOR 3752		
City-State-Zip:	BUENOS AIRES 1424		

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: NICOLAS MINOYETTI

AUTHORIZED MEMBER

06/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date