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: MATHEW B AYODELE

Authorized Person(s) Detail :			
Title	MGR	Title	AMBR
Name	AYODELE, MATHEW B MR	Name Address	CAULCRICK, OLUWADAMILOLA O MRS
Address	1210 BRIDGEPORT DR		1210 BRIDGEPORT DR
City-State-Zip:	ANNA TX 75409		1210 BRIDGEFORT DR
		City-State-Zip:	ANNA TX 75409
Title	AMBR		
Name	GRAY, STEFAUN D		
Address	1930 71TH STREET #1		
City-State-Zip:	MIAMI BEACH FL 33141		

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

1930 71TH STREET 1 MIAMI BEACH, FL 33141 US

SIGNATURE:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L2000006943

Entity Name: DSMART CRUISE LLC

Current Principal Place of Business:

1930 71TH STREET 1 MIAMI BEACH, FL 33141

Current Mailing Address:

1930 71TH STREET 1 MIAMI BEACH, FL 33141

FEI Number: 85-1032078

AYODELE, MATHEW B MR

FILED Apr 24, 2022 Secretary of State 7919665650CC

Certificate of Status Desired: Yes

CEO

Date

Electronic Signature of Signing Authorized Person(s) Detail