

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000192836

**Entity Name:** DVP DISTRO LLC

**Current Principal Place of Business:**

1210 STIRLING RD  
SUITE 8B  
DANIA, FL 33004

**FILED**  
**Jan 22, 2022**  
**Secretary of State**  
**1256550697CC**

**Current Mailing Address:**

8281 MELROSE AVE  
SUITE 305  
LOS ANGELES, CA 90046 US

**FEI Number:** 85-1793024

**Certificate of Status Desired:** Yes

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

COHEN, ADAM  
1 EAST BROWARD BLVD.  
1800  
FT LAUDERDALE, FL 33301 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:** ADAM COHEN

01/22/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name BEN SIMON, OR-EL  
Address 4100 N 36TH AVE.  
City-State-Zip: HOLLYWOOD FL 33021

Title MEMBER  
Name SERRUYA, IDAN YAQUV  
Address 6555 N. ANISE COURT  
City-State-Zip: DAVIE FL 33314

Title MEMBER  
Name ELIMELECH, ELIRAN  
Address 4679 BLAZER TERRACE  
City-State-Zip: DAVIE FL 33314

Title MEMBER  
Name EVGI, CHEN  
Address 442 TAMARIND DR  
City-State-Zip: HALLANDALE FL 33009

Title MEMBER  
Name DEAN, 1561 LLC  
Address 8281 MELROSE AVE  
SUITE 305  
City-State-Zip: LOS ANGELES FL 90046

Title PRESIDENT, OF THE BOARD, AND  
GENERAL MANAGER  
Name ROSMAN, GIDON  
Address 8281 MELROSE AVE  
SUITE 305  
City-State-Zip: LOS ANGELES FL 90046

*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:** GIDON ROSMAN

**MANAGER**

01/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date