

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011779

Entity Name: MOWI USA, LLC**Current Principal Place of Business:**8499 N.W. 80TH STREET
MEDLEY, FL 33166**Current Mailing Address:**8499 N.W. 80TH STREET
MEDLEY, FL 33166 US**FEI Number:** 06-1625462**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**APPEL, JAVIER
8499 N.W. 80TH STREET
MEDLEY, FL 33166 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:** JAVIER APPEL

02/13/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------|
| Title | PRESIDENT |
| Name | FIDALGO, JOSE |
| Address | 8499 N.W. 80TH STREET |
| City-State-Zip: | MEDLEY FL 33166 |

| | |
|-----------------|-----------------------|
| Title | TREASURER |
| Name | LOMONACO, JOSEPH |
| Address | 8499 N.W. 80TH STREET |
| City-State-Zip: | MEDLEY FL 33166 |

| | |
|-----------------|-----------------------|
| Title | SECRETARY |
| Name | CYNEWSKI, DONALD |
| Address | 57 LITTLE RIVER DRIVE |
| City-State-Zip: | BELFAST ME 04915 |

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: JOSEPH M. LOMONACO

TREASURER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date