

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044364

Entity Name: DAI WARE NATURALS, LLC**Current Principal Place of Business:**2610 N.W. 135 STREET
MIAMI, FL 33167**Current Mailing Address:**PO BOX 840851
PEMBROKE PINES, FL 33084**FEI Number:** 80-0180899**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WARE, ALTOVISE TMRS.
2610 N.W. 135 STREET
MIAMI, FL 33167 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	CEO
Name	WARE, MICHAEL EMR.
Address	2610 N.W. 135 STREET
City-State-Zip:	MIAMI FL 33167

Title	COO
Name	WARE, ALTOVISE T
Address	2610 N.W. 135 STREET
City-State-Zip:	MIAMI FL 33167

Title	MANAGER
Name	WARE, MORGAN DAI
Address	2610 N.W. 135 STREET
City-State-Zip:	MIAMI FL 33167

Title	AUTHORIZED MEMBER
Name	WARE, ETHAN E
Address	2610 N.W. 135 STREET
City-State-Zip:	MIAMI FL 33167

Title	AUTHORIZED MEMBER
Name	WARE, CHAISE E
Address	2610 N.W. 135 STREET
City-State-Zip:	MIAMI FL 33167

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: ALTOVISE WARE

COO

06/05/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date