

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019383

**Entity Name:** KAWA CAPITAL PARTNERS LLC

**Current Principal Place of Business:**

1010 S. FEDERAL HIGHWAY  
SUITE 2900  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1010 S. FEDERAL HIGHWAY  
SUITE 2900  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 26-4345686

**Certificate of Status Desired:** No

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

ADES, DANIEL  
1010 S. FEDERAL HIGHWAY  
SUITE 2900  
HALLANDALE BEACH, FL 33009 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:** DANIEL ADES

01/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ADES, DANIEL  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED SIGNATORY  
Name SAVERIN, ALEXANDRE  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED SIGNATORY  
Name BALDIM, CRISTINA  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED SIGNATORY  
Name LEMOS , CARLOS FELIPE  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED SIGNATORY  
Name TRASTER, JEREMY  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED SIGNATORY  
Name LIU, XI  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED SIGNATORY  
Name AVELLAR, GUSTAVO  
Address 1010 S. FEDERAL HIGHWAY  
SUITE 2900  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** CRISTINA BALDIM

**AUTHORIZED  
SIGNATORY**

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date