

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000119443

Entity Name: MAWS USA LLC

Current Principal Place of Business:

1830 S. OCEAN DR
UNIT 1802
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1830 S. OCEAN DR
UNIT 1802
HALLANDALE BEACH, FL 33009 US

FEI Number: 99-0370428

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSALES, ARIEH
1830 S OCEAN DR UNIT 1802
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: ARIEH ROSALES

09/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ROSALES, ARIEH	Name	ROSALES, ABRAHAM
Address	690 LONE PINE LANE	Address	1830 S. OCEAN DR UNIT 1802
City-State-Zip:	WESTON FL 33327	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	MGR	Title	MGR
Name	ROSALES, JOSY	Name	ROSALES, MOISES
Address	1830 S. OCEAN DR UNIT 1802	Address	1830 S. OCEAN DR UNIT 1802
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	MGR		
Name	ROSALES, BENJAMIN		
Address	1830 S. OCEAN DR UNIT 1802		
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: ARIEH ROSALES

MANAGER

09/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date