

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093296

**Entity Name:** MALOOF ENTERPRISES, LLC

**Current Principal Place of Business:**

8150 PONCE DE LEON RD.  
MIAMI, FL 33143

**Current Mailing Address:**

8150 PONCE DE LEON RD.  
MIAMI, FL 33143 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MALOOF, AL  
16322 NW 15 ST.  
PEMBROKE PINES, FL 33028 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 MR  
Name MALOOF, AL  
Address 16322 NW 15TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title AUTHORIZED MEMBER  
Name BERDELLANS, ALBERT L.M.  
Address 8150 SW 49 AVENUE  
City-State-Zip: MIAMI FL 33143

*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:** AL MALOOF

**MGMR**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date