

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085798

**Entity Name:** MALOKA 3, LLC

**Current Principal Place of Business:**

382 NE 191 ST  
46180  
MIAMI, FL 33179-3899

**Current Mailing Address:**

382 NE 191 ST  
46180  
MIAMI, FL 33179-3899 US

**FEI Number:** 90-0877153

**Certificate of Status Desired:** No

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

ASI CORPORATE SERVICES  
444 BRICKELL AVENUE  
P-41  
MIAMI, FL 33131 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:** PEDRO TINOCO

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGRM                           |
| Name            | MALOKA, LLC                    |
| Address         | 382 NE 191 ST<br>46180         |
| City-State-Zip: | MIAMI FL 33179-3899            |
| Title           | MGR                            |
| Name            | TINOCO, ARELIS                 |
| Address         | 13611 DEERING BAY DRIVE<br>703 |
| City-State-Zip: | CORAL GABLES FL 33158          |

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGR                            |
| Name            | TINOCO T, PEDRO R              |
| Address         | 13611 DEERING BAY DRIVE<br>703 |
| City-State-Zip: | MIAMI FL 33158                 |
| Title           | MGR                            |
| Name            | TINOCO V, PEDRO R              |
| Address         | 444 BRICKELL AVENUE<br>P-41    |
| City-State-Zip: | MIAMI FL 33131                 |

*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:** PEDRO TINOCO

MGR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date