

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102902

**Entity Name:** MAFFIA ASSOCIATES LLC

**Current Principal Place of Business:**

307 KNOTTY PINE CIRCLE  
D1  
GREENACRES, FL 33463

**Current Mailing Address:**

1363 OAK ST NW  
WASHINGTON DC, DC 20010 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

THE LAW OFFICE OF CHRISTINE PUZON, P.A.  
15190 SW 136 STREET  
#16  
MIAMI, FL 33196 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 MGRM  
Name MAFFIA, ROSANA  
Address 307 KNOTTY PINE CIRCLE, #D1  
City-State-Zip: GREENACRES FL 33463

Title MGRM  
Name MAFFIA, ROMINA PRADOS  
Address 307 KNOTTY PINE CIRCLE, #D1  
City-State-Zip: GREENACRES FL 33463

Title MGRM  
Name MAFFIA, FRANCO PRADOS  
Address 307 KNOTTY PINE CIRCLE, #D1  
City-State-Zip: GREENACRES FL 33463

*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:** ROMINA PRADOS MAFFIA

**MANAGER**

**02/12/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date