### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000113184

Entity Name: MALI FLORIDE LLC

### **Current Principal Place of Business:**

1876 N UNIVERSITY DR SUITE 101P PLANTATION, FL 33322

### **Current Mailing Address:**

1876 N UNIVERSITY DR SUITE 101P PLANTATION, FL 33322 US

### FEI Number: 35-2455221

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

FLORENCE TURGY 1876 N UNIVERSITY DR SUITE 101P PLANTATION, FL 33322 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                     | : TURGY FLORENCE                         |                 |                                    | 03/11/2018 |
|-------------------------------|--|-----------------|------------------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                                    | Date       |
| Authorized Person(s) Detail : |  |                 |                                    |            |
| Title                         | AUTHORIZED MEMBER                        | Title           | MANAGER                            |            |
| Name                          | FARGET, ANDRE                            | Name            | PATRIMOINE ASSISTANCE LLC          | ;          |
| Address                       | 626 RUE HECTOR BERLIOZ                   | Address         | 1876 N UNIVERSITY DR<br>SUITE 101P |            |
| City-State-Zip:               | BEAUREGARD 01480                         |                 |                                    |            |
|                               |  | City-State-Zip: | PLANTATION FL 33322                |            |

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.

MGR

## SIGNATURE: PATRIMOINE ASSISTANCE LLC

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Mar 11, 2018 Secretary of State CC5504038969

Certificate of Status Desired: Yes

03/11/2018 Date