

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076011

**Entity Name:** MALIMBA LLC**Current Principal Place of Business:**9411 FONTAINEBLEAU  
212  
MIAMI, FL 33172**Current Mailing Address:**P.O. BOX 227653  
MIAMI, FL 33222**FEI Number:** 46-2845824**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYTOR, JUAN C  
9411 FONTAINEBLEAU  
212  
MIAMI, FL 33172 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 BARGALLO BEADE, MARIA D  
Address 9197 FONTAINEBLEAU APT 6  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name PIZARRO POSSE, SOL  
Address 9197 FONTAINEBLEAU APT 6  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name PIZARRO POSSE, LOURDES  
Address 9197 FONTAINEBLEAU  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name PIZARRO POSSE, FERNAN  
Address 9197 FONTAINEBLEAU APT 6  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name PIZARRO POSSE, SERGIO S  
Address 9197 FONTAINEBLEAU APT 6  
City-State-Zip: MIAMI FL 33172

Title MGRM  
Name PIZARRO POSSE, SERGIO A  
Address 9197 FONTAINEBLEAU APT 6  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name REYTOR, JUAN  
Address 9197 FONTAINEBLEAU  
6  
City-State-Zip: MIAMI FL 33172

*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:** BARGALLO BEADE, MARIA D

MGRM

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date