

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000026179

Entity Name: HUNABKU LLC**Current Principal Place of Business:**10841NW 73RD TERRACE
DORAL, FL 33178**Current Mailing Address:**10841NW 73RD TERRACE
DORAL, FL 33178 US**FEI Number:** 81-1559645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAGON, SEBASTIAN
10841NW 73RD TERRACE
DORAL, FL 33178 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	MGR	Title	AUTHORIZED MEMBER
Name	ARAGON, FABIOLA M	Name	ARAGON, SEBASTIAN
Address	10841 NW 73RD TERR	Address	10841NW 73RD TERRACE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	RODRIGO, ARAGON	Name	ALVARO, ARAGON
Address	10841NW 73RD TERRACE	Address	10841NW 73RD TERRACE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	MANAGER		
Name	ALFREDO, ARAGON E		
Address	10841NW 73RD TERRACE		
City-State-Zip:	DORAL FL 33178		

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: ALFREDO ARAGON**MANAGER****08/16/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date