FEI Number: 82-2557116 Name and Address of Current Registered Agent:			Certificate of Status Des	ired: No			
MASLOW, TRACEY 409 BLUFF DRIVE MELBOURNE , FL 32901 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: TRACEY MASLOW				08/15/2019			
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	Ρ	Title	VP				
Name	MASLOW, TRACEY	Name	MARGARITONDO, JEFFREY				
Address	409 BLUFF DRIVE	Address	409 BLUFF DRIVE				

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: TRACEY MASLOW

PRESIDENT

08/15/2019

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000179024

Entity Name: ALOHA KONA LLC

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

409 BLUFF DRIVE MELBOURNE, FL 32901

## **Current Mailing Address:**

409 BLUFF DRIVE MELBOURNE, FL 32901 US

## F

## I

	Electronic Signature of Registered Agent			Date		
uthorized Person(s) Detail :						
tle	Р	Title	VP			
ame	MASLOW, TRACEY	Name	MARGARITONDO, JEFFREY			
ddress	409 BLUFF DRIVE	Address	409 BLUFF DRIVE			
ity-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901			

Electronic Signature of Signing Authorized Person(s) Detail

FILED Aug 15, 2019 **Secretary of State** 2868588804CC

Date