

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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

**FEI Number:** 82-2557116

**Certificate of Status Desired:** No

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

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

11/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	MASLOW, TRACEY	Name	MARGARITONDO, JEFFREY
Address	409 BLUFF DRIVE	Address	409 BLUFF DRIVE
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901

*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**

11/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date