

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000046029

Entity Name: 3-PA, LLC

FILED  
Apr 30, 2010  
Secretary of State

## Current Principal Place of Business:

12625 SW 91 STREET, 2-103  
MIAMI, FL 33186

## New Principal Place of Business:

12625 SW 91 STREET  
APT. 2-103  
MIAMI, FL 33186

## Current Mailing Address:

12625 SW 91 STREET, 2-103  
MIAMI, FL 33186

## New Mailing Address:

12625 SW 91 STREET  
APT. 2-103  
MIAMI, FL 33186

FEI Number: 42-1768193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARVAJALINO SUAREZ, PABLO  
12625 SW 91 STREET, 2-103  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

CARVAJALINO SUAREZ, PABLO MR  
12625 SW 91 STREET  
APT. 2-103  
MIAMI, FL 33186 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: PABLO CARVAJALINO

04/30/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: CARVAJALINO SUAREZ, PABLO MR  
Address: 12625 SW 91 STREET, APT. 2-103  
City-St-Zip: MIAMI, FL 33186

Title: MGR  
Name: SUAREZ LARA, GLORIA P MRS  
Address: 12625 SW 91 STREET, APT. 2-103  
City-St-Zip: MIAMI, FL 33186

Title: MGR  
Name: CARVAJALINO SUAREZ, PALOMA MRS  
Address: 12625 SW 91 STREET, APT. 2-103  
City-St-Zip: MIAMI, FL 33186

Title: MGR  
Name: CARVAJALINO DUQUE, HERMAN MR  
Address: 12625 SW 91 STREET, APT. 2-103  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PABLO CARVAJALINO SUAREZ

MR

04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date