

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046029

**Entity Name:** 3-PA, LLC**Current Principal Place of Business:**10770 NW 66TH STREET  
DORAL ISLES APT 405  
DORAL, FL 33178**Current Mailing Address:**10770 NW 66TH STREET  
DORAL ISLES APT 405  
DORAL, FL 33178 US**FEI Number:** 42-1768193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARVAJALINO SUAREZ, PABLO MR  
10770 NW 66TH STREET  
DORAL ISLES APT 405  
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  
Name CARVAJALINO SUAREZ, PABLO MR  
Address 10770 NW 66TH STREET  
DORAL ISLES APT 405  
City-State-Zip: DORAL FL 33178

Title MGR  
Name SUAREZ LARA, GLORIA PMRS  
Address 10770 NW 66TH STREET  
DORAL ISLES APT 405  
City-State-Zip: DORAL FL 33178

Title MGR  
Name CARVAJALINO SUAREZ, PALOMA MRS  
Address 10770 NW 66TH STREET  
DORAL ISLES APT 405  
City-State-Zip: DORAL FL 33178

Title MGR  
Name CARVAJALINO DUQUE, HERNAN MR  
Address 10770 NW 66TH STREET  
DORAL ISLES APT 405  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name CARVAJALINO, HERNAN  
Address 10770 NW 66TH STREET  
DORAL ISLES APT 405  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name CARVAJALINO, PABLO  
Address 10770 NW 66TH STREET  
DORAL ISLES APT 405  
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:** PABLO CARVAJALINO

AMBR

01/31/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date