

**2018 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:** Yes**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

*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:** CARVAJALINO SUAREZ, PABLO

MGR

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date