

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000046029

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

01/27/2021

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

Title AMBR
Name CARVAJALINO, PABLO
Address 10770 NW 66TH STREET
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

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date