

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053930

**Entity Name:** SALAMA 3, LLC

**Current Principal Place of Business:**

3300 NE,191 STREET  
UNIT 1918  
AVENTURA, FL 33180

**Current Mailing Address:**

3300 NE,191 STREET  
UNIT 1918  
AVENTURA, FL 33180 US

**FEI Number:** 46-0523056

**Certificate of Status Desired:** No

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

DON GONZALEZ, P.A.  
3300 NE,191 STREET,APT 1918  
1918  
AVENTURA, FL 33180 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 HEINZ LARA, HANS  
Address 3300 NE,191 STREET  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name COLUNGA ROJAS, NORMA  
Address 3300 NE,191 STREET  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name HEINZ, PAOLA  
Address 2261 SALERNO CIRCLE  
City-State-Zip: WESTON FL 33327

Title MGRM  
Name HEINZ, KARLA  
Address 2261 SALERNO CIRCLE  
City-State-Zip: WESTON FL 33327

Title MGRM  
Name HEINZ, NICOLE  
Address 2261 SALERNO CIRCLE  
City-State-Zip: WESTON FL 33327

Title MGRM  
Name LARA, BLANCA  
Address 3300 NE,191 ST,APT 1918  
City-State-Zip: AVENTURA FL 33180

*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:** HANS HEINZ LARA

**MANAGER**

**04/29/2016**

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

\_\_\_\_\_  
Date