

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175886

Entity Name: M.A.M.A.3 LLC**Current Principal Place of Business:**17315 COLLINS AVENUE APT 1204A
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17315 COLLINS AVENUE APT 1204A
SUNNY ISLES BEACH, FL 33160**FEI Number:** 37-1769357**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**YH&S ACCOUNTING & FINANCIAL CONSULTANTS
2875 N.E. 191ST STREET, SUITE 302
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	MARTINEZ, GABRIEL
Address	17315 COLLINS AVENUE APT 1204A
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	MARTINEZ, ANABELA
Address	17315 COLLINS AVENUE APT 1204A
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	MARTINEZ, ANDRES
Address	17315 COLLINS AVENUE APT 1204A
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	DIMARCO, SILVIA
Address	17315 COLLINS AVENUE APT 1204A/B
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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: GABRIEL MARTINEZ

MANAGAER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date