

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000158055

**Entity Name:** MALER, LLC

**Current Principal Place of Business:**

150 SE 2ND AVE  
404  
MIAMI, FL 33131

**Current Mailing Address:**

POBOX 601364  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 81-0778829

**Certificate of Status Desired:** No

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

R & P ACCOUNTING AND TAXES, INC  
150 SE 2ND AVE  
SUITE 404  
MIAMI, FL 33131 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:** ANDRES RODRIGUEZ

02/17/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	MATZKIN, HECTOR	Name	LEREJ, ROXANA EDITH
Address	2775 NE 187TH STREET SUITE 2	Address	2775 NE 187TH STREET SUITE 2
City-State-Zip:	AVENTURA FLORIDA 33180	City-State-Zip:	AVENTURA FLORIDA 33180
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MATZKIN, MICHELLE	Name	MATZKIN, KEVIN
Address	2775 NE 187TH STREET SUITE 2	Address	2775 NE 187TH STREET SUITE 2
City-State-Zip:	AVENTURA FLORIDA 33180	City-State-Zip:	AVENTURA FLORIDA 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:** HECTOR MATZKIN

MR

02/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date