

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000193693

**Entity Name:** MONIRAFa LLC

**Current Principal Place of Business:**

1000 QUAYSIDE TERRACE  
APT. 1802  
MIAMI, FL 33138

**Current Mailing Address:**

1000 QUAYSIDE TERRACE  
APT. 1802  
MIAMI, FL 33138

**FEI Number:** 81-4186304

**Certificate of Status Desired:** No

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

SARALEGUI, PAOLA  
1000 QUAYSIDE TERRACE  
APT. 1802  
MIAMI, FL 33138 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 SARALEGUI, PAOLA  
Address 1000 QUAYSIDE TERRACE, APT. 1802  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name SARALEGUI, JOSE R  
Address 1000 QUAYSIDE TERRACE, APT. 1802  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name DIAZ, ADA M  
Address 1000 QUAYSIDE TERRACE, APT. 1802  
City-State-Zip: MIAMI FL 33138

Title AMBR  
Name SARALEGUI, MARTIN  
Address 1000 QUAYSIDE TERRACE, APT. 1802  
City-State-Zip: MIAMI FL 33138

*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:** PAOLA SARALEGUI

**MANAGER**

**01/16/2017**

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