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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY GARCIA

Electronic Signature of Signing General Partner Detail

# Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

GARCIA, WENDY 1370 CORAL WAY MIAMI, FL 33145 US

6135 LA GORCE DRIVE MIAMI BEACH. FL 33140

**Current Mailing Address:** 6135 LA GORCE DRIVE MIAMI BEACH. FL 33140

FEI Number: 46-1449563

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: WENDY GARCIA

DOCUMENT# A1200000740

Electronic Signature of Registered Agent

## **General Partner Detail :**

Document #	
Name	ELDA GARICA, TRUSTEE
Address	6135 LA GORCE DRIVE
City-State-Zip:	MIAMI BEACH FL 33140

Entity Name: ARIS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

# FILED Feb 13, 2013 Secretary of State CC9159628437

Certificate of Status Desired: No

02/13/2013

Date

02/13/2013 Date

RA