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: CLARK MINKER MANAGER

Entity Name: 2210 ARIELLE DR., LLC **Current Principal Place of Business:**

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

975 6TH AVENUE SOUTH # 105 NAPLES, FL 34102

Current Mailing Address:

DOCUMENT# L0100002395

975 6TH AVENUE SOUTH # 105 NAPLES, FL 34102 US

FEI Number: 65-1075611

Name and Address of Current Registered Agent:

MINKER, CLARK THOMAS 975 6TH AVENUE SOUTH # 105 NAPLES, FL 34102 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	CLARK MINKER			07/07/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	MINKER, CLARK	Name	MINKER, MAUREEN HARDY	
Address	975 6TH AVENUE SOUTH # 105	Address	975 6TH AVENUE SOUTH # 105	
City-State-Zip:	NAPLES FL 34102	City-State-Zip:	NAPLES FL 34102	

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

07/07/2016

Date