## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020151

Entity Name: ARA-AVENTURA LLC

**Current Principal Place of Business:** 

500 CUMMINGS CENTER SUITE 6550 BEVERLY, MA 01915

Current Principal Place of Business

## **Current Mailing Address:**

500 CUMMINGS CENTER SUITE 6550 BEVERLY, MA 01915 US

FEI Number: 06-1635994 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 04, 2014

**Secretary of State** 

CC7276515922

## Authorized Person(s) Detail:

Title MANAGER

Name AMERICAN RENAL ASSOCIATES, LLC

Address 500 CUMMINGS CENTER

**SUITE 6550** 

City-State-Zip: BEVERLY MA 01915

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: AMERICAN RENAL ASSOCIATES, LLC

**MANAGER** 

04/04/2014

Date