

2020 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 Mailing Address:**19056 NE 29TH AVE.
AVENTURA, FL 33180 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

Authorized Person(s) Detail :

Title MANAGER
Name CARLUCCI, JOSEPH A.
Address 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MANAGER
Name KAMAL, SYED T.
Address 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MANAGER
Name GOLDSAND, CARL S.
Address 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MANAGER
Name PENA, CARLOS F.
Address 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MANAGER
Name WILLIAMSON, DON
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.

SIGNATURE: JOSEPH A. CARLUCCI

MANAGER

06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date