

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106761

**Entity Name:** ARANCOR, LLC

**Current Principal Place of Business:**

2393 S CONGRESS AVE  
132  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1601 WINDORAH WAY  
A  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 35-2490270

**Certificate of Status Desired:** No

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

SANCHO, ANDRES  
1601 WINDORAH WAY  
A  
WEST PALM BEACH, FL 33411 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 MGRM  
Name ARANCIAGA, MARTA M  
Address 3050 PRESIDENTIAL WAY #406  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name ORFEI, CARLOS ARTURO  
Address 3050 PRESIDENTIAL WAY #406  
City-State-Zip: WEST PALM BEACH FL 33405

Title AMGR  
Name BUENO, MARIA LAURA  
Address 3050 PRESIDENTIAL WAY #406  
City-State-Zip: WEST PALM BEACH FL 33405

Title AMBR  
Name ORFEI, PAOLA VERONICA  
Address 3050 PRESIDENTIAL WAY #406  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** ORFEI CARLOS ARTURO

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date