

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106761

**Entity Name:** ARANCOR, LLC

**Current Principal Place of Business:**

6107 SOUTH DIXIE HWY 2  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

6107 SOUTH DIXIE HWY 2  
WEST PALM BEACH, FL 33405

**FEI Number:** 35-2490270

**Certificate of Status Desired:** No

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

SANCHO, ANDRES  
6107 SOUTH DIXIE HWY 2  
WEST PALM BEACH, FL 33405 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

MGR

04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date