

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000030778

**Entity Name:** AR INVESTMENT, LLC

**Current Principal Place of Business:**

20180 NW 9TH DRIVE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

20180 NW 9TH DRIVE  
PEMBROKE PINES, FL 33029

**FEI Number:** 47-1613033

**Certificate of Status Desired:** No

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

ACCOUNTAX OFFICE SERVICES, CORP.  
7590 NW 186 ST  
206A  
MIAMI, FL 33015 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 AMBR  
Name MARTINEZ, ROBERTO  
Address 20180 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR  
Name PADILLA DE MARTINEZ, ANA MARIA  
Address 20180 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title AUTHORIZED MEMBER  
Name BRUNO PADILLA, JOSE JAVIER  
Address 2664 SW 118 RD  
City-State-Zip: MIRAMAR FL 33025

Title AUTHORIZED MEMBER  
Name BRUNO PADILLA, JOSE LUIS  
Address 20180 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title AUTHORIZED MEMBER  
Name MARTINEZ TOSA, MARIANNE  
Address 20180 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title AUTHORIZED MEMBER  
Name MARTINEZ VASQUEZ, ROBERTO  
ARTURO  
Address 20180 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** ROBERTO MARTINEZ

AMBR

04/18/2020

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

\_\_\_\_\_  
Date