

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130770

**Entity Name:** 917 ARAGON, LLC

**Current Principal Place of Business:**

2030 SOUTH DOUGLAS ROAD  
717  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2030 SOUTH DOUGLAS ROAD  
717  
CORAL GABLES, FL 33134

**FEI Number:** 37-1769626

**Certificate of Status Desired:** No

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

TIRADO PENA, AUNARIO  
2030 SOUTH DOUGLAS ROAD  
717  
CORAL GABLES, FL 33134 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 MRG  
Name TIRADO PENA, AUNARIO R  
Address 2030 SOUTH DOUGLAS ROAD, #717  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name TIRADO GONZALEZ, ODARIT C  
Address 2030 SOUTH DOUGLAS ROAD, #717  
City-State-Zip: CORAL GABLES FL 33134

Title AP  
Name GONGALEZ DE TIRADO, OSIRIS J  
Address 2030 SOUTH DOUGLAS ROAD, #717  
City-State-Zip: CORAL GABLES FL 33134

Title AP  
Name TIRADO GONZALEZ, ORIANA C  
Address 2030 SOUTH DOUGLAS ROAD, #717  
City-State-Zip: CORAL GABLES FL 33134

Title AP  
Name TIRADO GONZALEZ, ODRY S  
Address 2030 SOUTH DOUGLAS ROAD, #717  
City-State-Zip: CORAL GABLES FL 33134

*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:** TIRADO PENA, AUNARIO R

MRG

02/04/2021

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

\_\_\_\_\_  
Date