

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000136846

Entity Name: ARNI, LLC

Current Principal Place of Business:

5645 MASTERS BLVD.
ORLANDO, FL 32819

Current Mailing Address:

PO BOX 620623
ORLANDO, FL 32862

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REINERT, PETER E
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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 MGR
Name SAHRAIAN, HESAM
Address PO BOX 620623
City-State-Zip: ORLANDO FL 32862

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: HESAM SAHRAIAN

MGR

02/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date