

**2023 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:**

SAHRAIAN, HESAM  
5645 MASTERS BLVD.  
ORLANDO, FL 32819 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:** HESAM SAHRAIAN

04/27/2023

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

MANAGER

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date