

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000164402

Entity Name: ARK SUPPLIES LLC**Current Principal Place of Business:**2574 N NOB HILL RD
SUNRISE, FL 33322**Current Mailing Address:**2574 N NOB HILL RD
SUNRISE, FL 33322 US**FEI Number:** 82-2348676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, AURA
2574 N NOB HILL RD
SUNRISE, FL 33322 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 AUTHORIZED MEMBER, PRESIDENT
Name TORRES, AURA
Address 11737 W ATLANTIC BLVD
APT 02
City-State-Zip: CORAL SPRINGS FL 33071

Title AUTHORIZED MEMBER
Name URDANETA, HEINRICH
Address 11737 W ATLANTIC BLVD
APT 02
City-State-Zip: CORAL SPRINGS FL 33071

Title AUTHORIZED MEMBER
Name URDANETA TORRES, HEINRICH JR.
Address 11737 W ATLANTIC BLVD
APT 02
City-State-Zip: CORAL SPRINGS FL 33071

Title AUTHORIZED MEMBER
Name URDANETA , ANDRES DAVID
Address 11737 W ATLANTIC BLVD
APT 02
City-State-Zip: CORAL SPRINGS FL 33071

Title AUTHORIZED MEMBER
Name URDANETA, VALENTINA
Address 11737 W ATLANTIC BLVD
APT 02
City-State-Zip: CORAL SPRINGS FL 33071

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: AURA TORRES

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03/24/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date