

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000291407

**Entity Name:** ARANCINI LLC

**Current Principal Place of Business:**

5800 NATURE VIEW DR.  
106  
WINDERMERE, FL 34786

**Current Mailing Address:**

5800 NATURE VIEW DR.  
106  
WINDERMERE, FL 34786 US

**FEI Number:** 83-3175737

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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	Title	MGR
Name	PEREZ, CARLOS A	Name	FELICIANI, GIOVANNI
Address	5800 NATURE VIEW DR., APT. 106	Address	5800 NATURE VIEW DR., APT. 106
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786
Title	MGR	Title	AMBR
Name	PEREZ, ARIANA	Name	PEREZ, CARLOS A
Address	5800 NATURE VIEW DR., APT. 106	Address	5800 NATURE VIEW DR., APT. 106
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786
Title	AMBR	Title	AMBR
Name	FELICIANI, GIOVANNI	Name	NUNEZ, GLORIA
Address	5800 NATURE VIEW DR., APT. 106	Address	5800 NATURE VIEW DR., APT. 106
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786

*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:** ARIANA Y PEREZ

**MANAGER**

**05/01/2019**

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