

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000030104

Entity Name: ARON FAMILY PARTNERSHIP LLC

Current Principal Place of Business:

2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 38-4111632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORLDWIDE CORPORATE ADMINISTRATORS LLC
2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FILED
Jun 29, 2020
Secretary of State
8555566757CC

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 VAZQUEZ CASTRO, NORA ELIZABETH
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MALO VASQUEZ, PEDRO IGNACIO
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MALO, MARIA C
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MALO VASQUEZ, SILVIA ROCIO
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR-
Name MALO VAZQUEZ, FERNANDO ANDRES
Address 2330 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MALO VAZQUEZ, GUILLERMO JAVIER
Address 2330 PONCE DE LEON BLVD
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: NORA ELIZABETH VAZQUEZ CASTRO

MGR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date