

**2021 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

*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:** VAZQUEZ CASTRO , NORA ELIZABETH

**MGR**

**04/30/2021**

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

\_\_\_\_\_  
Date