

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000107622

**Entity Name:** ARES REAL ESTATE SERVICES, LLC

**Current Principal Place of Business:**

6110-B NW 1ST PLACE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

5401 N. CENTRAL EXPY., STE. 300  
DALLAS, TX 75205 US

**FEI Number:** 83-4565866

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** LISA DUBOIS, ASST. SECRETARY

01/18/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MANNINA, SAMIE LYNNE  
Address 245 RIVERSIDE AVENUE  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32202

Title MGR  
Name SURFACE, DAVID K  
Address 245 RIVERSIDE AVENUE  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32202

Title MANAGER  
Name CARONA, JOHN J  
Address 5401 N. CENTRAL EXPY., STE. 300  
City-State-Zip: DALLAS TX 75205

Title MANAGER  
Name CARONA, HELEN E  
Address 5401 N. CENTRAL EXPY., STE. 300  
City-State-Zip: DALLAS TX 75205

Title SECRETARY  
Name KRUPPA, BRIAN  
Address 5401 N. CENTRAL EXPY., STE. 300  
City-State-Zip: DALLAS TX 75205

Title TREASURER  
Name MALDONADO, JOSE B  
Address 5401 N. CENTRAL EXPY., STE. 300  
City-State-Zip: DALLAS TX 75205

*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:** BRIAN KRUPPA

**SECRETARY**

01/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date