

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000006922

**Entity Name:** ARORA BELLE, LLC

**Current Principal Place of Business:**

6550 MAIN STREET  
#2050  
NEW PORT RICHEY, FL 34656-9783

**Current Mailing Address:**

6550 MAIN STREET  
#2050  
NEW PORT RICHEY, FL 34656-9783 US

**FEI Number:** 84-4719534

**Certificate of Status Desired:** No

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

KHAN, SAFIA  
6550 MAIN STREET  
2050  
NEW PORT RICHEY, FL 34656-9783 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 AP  
Name KHAN, SAFIA  
Address 6550 MAIN STREET, #2050  
City-State-Zip: NEW PORT RICHEY FL 34656-9783

*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:** SAFIA KHAN

AP

04/24/2023

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

\_\_\_\_\_  
Date