

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000457807

**Entity Name:** ARIA RIES LLC

**Current Principal Place of Business:**

915 KNOLLWOOD DRIVE  
DAVENPORT, FL 33837

**Current Mailing Address:**

915 KNOLLWOOD DRIVE  
DAVENPORT, FL 33837

**FEI Number:** 93-3636671

**Certificate of Status Desired:** Yes

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

VONDEAK, ALEXIS  
915 KNOLLWOOD DRIVE  
DAVENPORT, FL 33837 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 CFO  
Name VONDEAK, ALEXIS  
Address 915 KNOLLWOOD DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title CEO  
Name VONDEAK, ALEXIS  
Address 915 KNOLLWOOD DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title MGR  
Name VONDEAK, ALEXIS  
Address 915 KNOLLWOOD DRIVE  
City-State-Zip: DAVENPORT FL 33897

Title PRES  
Name VONDEAK, ALEXIS  
Address 915 KNOLLWOOD DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title VP  
Name VONDEAK, ALEXIS  
Address 915 KNOLLWOOD DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title SECR  
Name VONDEAK, ALEXIS  
Address 915 KNOLLWOOD DRIVE  
City-State-Zip: DAVENPORT FL 33837

*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:** ALEXIS VONDEAK

CFO

04/24/2024

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

\_\_\_\_\_  
Date