

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000067469

Entity Name: ARI, LLC

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9491 SW 14TH AVENUE  
OCALA, FL 34476

**New Principal Place of Business:**

9491 SW 14TH AVENUE  
OCALA, FL 34476 UN

**Current Mailing Address:**

9491 SW 14TH AVENUE  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 20-1737333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ASHCROFT, LISA M  
9491 SW 14TH AVENUE  
OCALA, FL 34476 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ASHCROFT, DAVID C  
Address: 9491 SW 14TH AVENUE  
City-St-Zip: Ocala, FL 34476

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID C ASHCROFT

MGR

03/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date