### 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. 04/10/2019

SIGNATURE: IVETTE A ARANGO

Electronic Signature of Signing Authorized Person(s) Detail

### SIGNATURE:

С

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# Α

itle	MGRM	Title	MGRM	
ame	ARANGO, IVETTE A	Name	ARANGO, IVETTE L	
ddress	300 PALERMO AVE	Address	300 PALERMO AVE	
ity-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
				3134

	Electronic Signature of Registered Agent				
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	ARANGO, IVETTE A	Name	ARANGO, IVETTE L		
Address	300 PALERMO AVE	Address	300 PALERMO AVE		

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.

300 PALERMO AVE CORAL GABLES. FL 33134 US

DOCUMENT# L03000016366

300 PALERMO AVE CORAL GABLES, FL 33134

**Current Principal Place of Business:** 

# FEI Number: 20-1760102

**Current Mailing Address:** 

# Name and Address of Current Registered Agent:

ARANGO, IVETTE L 300 PALERMO AVE CORAL GABLES, FL 33134 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: IVETTE ARANGO INTERIOR DESIGNS, LLC

## FILED Apr 10, 2019 Secretary of State 5843591505CC

Certificate of Status Desired: No

Date

Date

MEMBER