

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046424

**FILED**  
**Aug 25, 2019**  
**Secretary of State**  
**9607341515CC**

**Entity Name:** ARISTA MANAGEMENT, LLC

**Current Principal Place of Business:**

610 NE 173RD TERRACE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

610 NE 173RD TERRACE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 20-1328581

**Certificate of Status Desired:** No

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

AROLL, MORTON MANAGER  
610 NE 173RD TERRACE  
MIAMI, FL 33162 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	MGR	Title	MGR
Name	AROLL, MORTON	Name	LUBAR, BARBARA
Address	610 NE 173RD TERRACE	Address	610 NE 173RD TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162

*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:** MORTON AROLL

**MGR**

**08/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date