

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000047555

**Entity Name:** ARAGORN GROUP, LLC

**Current Principal Place of Business:**

25324 WITHROW ROAD  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

25324 WITHROW ROAD  
BROOKSVILLE, FL 34601 US

**FEI Number:** 20-2848267

**Certificate of Status Desired:** No

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

THORPE, MICHAEL L  
25324 WITHROW RD  
BROOKSVILLE, FL 34601 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           MANAGING MEMBER  
Name           THORPE, MICHAEL L  
Address        25324 WITHROW RD.  
City-State-Zip: BROOKSVILLE FL 34601

Title           MANAGING MEMBER  
Name           INHOFER, JOHN D  
Address        4504 PARKWAY BLVD  
City-State-Zip: LAND O LAKES FL 34639

Title           MANAGING MEMBER  
Name           THORPE, KATHRYN N  
Address        25324 WITHROW ROAD  
City-State-Zip: BROOKSVILLE FL 34601

Title           MANAGING MEMBER  
Name           INHOFER, SHARON K  
Address        4504 PARKWAY BLVD  
City-State-Zip: LAND O LAKES FL 34639

*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:** MICHAEL L. THORPE

**MANAGING PARTNER**

**02/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date