

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127612

**Entity Name:** ARIEL LOVERA, LLC

**Current Principal Place of Business:**

14895 FELLO LN  
ORLANDO, FL 32827

**Current Mailing Address:**

14895 FELLO LN  
ORLANDO, FL 32827 US

**FEI Number:** 45-4361063

**Certificate of Status Desired:** No

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

LOVERA, ARIEL  
14895 FELLO LN  
ORLANDO, FL 32827 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            PRESIDENT  
Name            LOVERA, ARIEL  
Address        14895 FELLO LN  
City-State-Zip: ORLANDO FL 32827

Title            VP  
Name            LOVERA, LUZ V  
Address        3109 HERITAGE PARK WAY  
City-State-Zip: ORLANDO FL 32837

Title            AUTHORIZED MEMBER  
Name            LOVERA, CORALLYS V  
Address        14895 FELLO LN  
City-State-Zip: ORLANDO FL 32827

Title            AUTHORIZED MEMBER  
Name            LOVERA, ZACHARY X  
Address        14895 FELLO LN  
City-State-Zip: ORLANDO FL 32827

*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:** ARIEL LOVERA

**PRESIDENT**

**01/23/2015**

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

\_\_\_\_\_  
Date