

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035500

**Entity Name:** AARON DRIVE HOLDINGS, LLC

**Current Principal Place of Business:**

95 NORTH COUNTY ROAD  
PALM BEACH, FL 33480

**Current Mailing Address:**

95 NORTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**FEI Number:** 45-5113607

**Certificate of Status Desired:** No

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

GROSSMAN, STUART IESQ.  
201 S. BISCAYNE BLVD  
MIAMI CENTER - 22ND FLOOR  
MIAMI, FL 33131 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            | LEEVAN, EDWARD       | Name            | SILVER, ADRIANNE     |
| Address         | 95 NORTH COUNTY ROAD | Address         | 95 NORTH COUNTY ROAD |
| City-State-Zip: | PALM BEACH FL 33480  | City-State-Zip: | PALM BEACH FL 33480  |

*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:** ADRIANNE SILVER

**MANAGER**

**01/26/2015**

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

\_\_\_\_\_  
Date