

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000098921

**Entity Name:** AARON GROUP, LLC

**Current Principal Place of Business:**

2655 NORTH OCEAN DRIVE  
SUITE 130  
SINGER ISLAND, FL 33404

**Current Mailing Address:**

2655 NORTH OCEAN DRIVE  
SUITE 130  
SINGER ISLAND, FL 33404 US

**FEI Number:** 46-3240141

**Certificate of Status Desired:** No

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

EICHNER, JOEY A  
2655 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404 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           | MANAGER                | Title           | AUTHORIZED MEMBER      |
| Name            | EICHNER, JOEY A        | Name            | CALLAWAY, SUSAN        |
| Address         | 2655 NORTH OCEAN DRIVE | Address         | 2655 NORTH OCEAN DRIVE |
| City-State-Zip: | SINGER ISLAND FL 33404 | City-State-Zip: | SINGER ISLAND FL 33404 |

*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:** JOEY EICHNER

**MANAGING MEMBER**

**04/05/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date