

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163754

**Entity Name:** ARIELLE MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

8875 HIDDEN RIVER PKWY  
SUITE 300  
TAMPA, FL 33637

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC9239225743**

**Current Mailing Address:**

16350 BRUCE B DOWNS BLVD  
#46211  
TAMPA, FL 33646 US

**FEI Number:** 27-1798334

**Certificate of Status Desired:** Yes

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

OGLETREE, ALONIA  
8875 HIDDEN RIVER PKWY  
SUITE 300  
TAMPA, FL 33637 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 MGRM  
Name OGLETREE, ALONIA CEO  
Address 16350 BRUCE B DOWNS BLVD  
#46211  
City-State-Zip: TAMPA FL 33646

*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:** ALONIA OGLETREE

CEO

03/02/2016

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

\_\_\_\_\_ Date