

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163754

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

**Current Principal Place of Business:**

15000 CITRUS COUNTRY DR  
STE 103  
DADE CITY, FL 33523

**Current Mailing Address:**

15000 CITRUS COUNTRY DR  
STE 103  
DADE CITY, FL 33523 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

OGLETREE, ALONIA  
15000 CTRUS COUNTRY DR  
STE 103  
DADE CITY, FL 33523 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 15000 CITRUS COUNTRY DR STE 103  
City-State-Zip: DADE CITY FL 33523

*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

02/20/2014

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

\_\_\_\_\_  
Date