i Number: 4	40-4204311	Certificate of Status Desired: No
me and Ad	dress of Current Registered Agent:	
	NE DRIVE L, FL 33544 US ntity submits this statement for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida.
SNATURE:	ERIC P. NUNES	01/20/2020
	Electronic Signature of Registered Agent	Date
thorized Pe	erson(s) Detail :	

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	
2020 I LORIDA LIMITED LIADIENT COMITANT ANNOAL REFORT	

DOCUMENT# L13000168774

## Entity Name: AERES, LLC

## **Current Principal Place of Business:**

3919 SORREL VINE DRIVE WESLEY CHAPEL. FL 33544

### **Current Mailing Address:**

3919 SORREL VINE DRIVE WESLEY CHAPEL. FL 33544 US

# FEI Number: 46-4264311

### Nan

NUN 3919 WES

SIG

#### Aut Title Title MGR MANAGING MEMBER NUNES, ERIC P Name NUNES, HEATHER ANNE Name 3919 SORREL VINE DRIVE Address 3919 SORREL VINE DRIVE Address City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: WESLEY CHAPEL FL 33544

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: HEATHER ANNE NUNES

MEMBER

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 20, 2020 Secretary of State 1102405366CC

Certificate of Status Desired: No