

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000064701

**Entity Name:** ARIEYL LLC

**Current Principal Place of Business:**

1031 EXCHANGE PLACE  
UNIT 113  
ST CLOUD, FL 34769

**Current Mailing Address:**

7065 BRANCH CT  
SAINT CLOUD, FL 34771 US

**FEI Number:** 87-2029482

**Certificate of Status Desired:** No

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

BUTLER, KRISTEN  
7065 BRANCH CT  
SAINT CLOUD, FL 34771 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           | MBR                  | Title           | CEO                  |
| Name            | BUTLER, WILLIAM T    | Name            | BUTLER , KRISTEN     |
| Address         | 7065 BRANCH CT       | Address         | 7065 BRANCH CT       |
| City-State-Zip: | SAINT CLOUD FL 34771 | City-State-Zip: | SAINT CLOUD FL 34771 |

*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:** KRISTEN BUTLER

CEO

02/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date