

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000363517

**Entity Name:** 1400 ARIOLA, LLC

**Current Principal Place of Business:**

5600 NORMANDY DR  
COLLEYVILLE, TX 76034

**Current Mailing Address:**

5600 NORMANDY DR  
COLLEYVILLE, TX 76034

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CARVER DARDEN  
151 WEST MAIN ST, SUITE 200  
PENSACOLA, FL 32502 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	MGR	Title	MGR
Name	ALFORD, BRENT	Name	ALFORD, LAURA
Address	5600 NORMANDY DR	Address	5600 NORMANDY DR
City-State-Zip:	COLLEYVILLE TX 76034	City-State-Zip:	COLLEYVILLE TX 76034

*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:** LAURA ALFORD

**MANAGER**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date