

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000050655

**Entity Name:** ARAT PARTNER LLC

**Current Principal Place of Business:**

3433 LITHIA PINECREST ROAD  
STE#314  
VALRICO, FL 33596

**Current Mailing Address:**

3433 LITHIA PINECREST ROAD  
STE#314  
VALRICO, FL 33596 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KHARONOV, GREGORY  
3433 LITHIA PINECREST ROAD  
STE#314  
VALRICO, FL 33596 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  
Name KHARONOV, GREGORY  
Address 3433 LITHIA PINECREST ROAD,  
STE#314  
City-State-Zip: VALRICO FL 33596

Title MGR  
Name IZOTOV, DMITRIJ  
Address 3433 LITHIA PINECREST ROAD,  
STE#314  
City-State-Zip: VALRICO FL 33596

Title MGR  
Name ATANOV, ARTUR  
Address 3433 LITHIA PINECREST ROAD,  
STE#314  
City-State-Zip: VALRICO FL 33596

*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:** GREGORY KHARONOV

**MANAGER**

**04/13/2023**

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

\_\_\_\_\_  
Date