

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000093542

FILED
Aug 01, 2007
Secretary of State

Entity Name: AURORA ENTERPRISES, LLC

Current Principal Place of Business:

302 GEORGIA ST. SUITE B
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

302 GEORGIA ST. SUITE B
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, MICHAEL
302 GEORGIA ST. SUITE B
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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: MICHAEL ROBERTS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERTS, MICHAEL
Address: 302 GEORGIA ST. SUITE B
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM () Delete
Name: KNAPP, WILLIAM
Address: 478 CLEARVIEW AVE.
City-St-Zip: TORRINGTON, CT 06790

Title: MGRM (X) Delete
Name: HOGAN, BRIAN
Address: 64 BROOKER ST.
City-St-Zip: TORRINGTON, CT 06790

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KNAPP, WILLIAM
Address: 4007 RANDI ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM KNAPP

MGRM

08/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date