

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

516949

DOCUMENT # L01000020150

1. Entity Name

AUGURI, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9553 Harding Ave.

Suite, Apt. #, etc.

308

3. Mailing Address

P.O. Box 545867

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Surfside, Fla

City &amp; State

Surfside, Fla.

4. FEI Number

Applied For

☒ Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hans Baumberger

Street Address (P.O. Box Number is Not Acceptable)

9553 Harding Ave

#308

City

Surfside

FL

Zip Code

33154

DO NOT WRITE  
IN THIS SPACE

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Hans Baumberger P.O. Box 545867 Surfside, Fl. 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/02 (305) 8678970

Date

Daytime Phone #