

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071006

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Entity Name:** 11463 CORTEZ BOULEVARD, LLC

**Current Principal Place of Business:**

5350 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 US

**Current Mailing Address:**

5350 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

**New Mailing Address:**

15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 US

**FEI Number:** 20-1689186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGH, PARIKSITH  
5350 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

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

SINGH, PARIKSITH  
15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 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: PARIKSITH SINGH

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AURO MANAGEMENT, LLC  
Address: 5350 SPRING HILL DRIVE  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AURO MANAGEMENT, LLC  
Address: 15215 CORTEZ BOULEVARD  
City-St-Zip: BROOKSVILLE, FL 34613

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: AURO MANAGEMENT, LLC

MGR

03/10/2009

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