

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087559

**Entity Name:** AURORA PINES, LLC

**Current Principal Place of Business:**

511 SANDSTONE STREET  
LAKELAND, FL 33809

**Current Mailing Address:**

511 SANDSTONE STREET  
LAKELAND, FL 33809 UN

**FEI Number:** 45-3154934

**Certificate of Status Desired:** Yes

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

BOHINSKI, RONALD F  
511 SANDSTONE STREET  
LAKELAND, FL 33809 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 MGRM  
Name RAYMER, CAROLYN  
Address 171 MONTICELLO DRIVE  
City-State-Zip: MONROEVILLE PA 15146

Title MGRM  
Name REMCHECK, WALTER  
Address 611 MERCER STREET  
City-State-Zip: TURTLE CREEK PA 15145

Title MGRM  
Name CUCCIA GALAMB, MELINDA  
Address 134 WILTSHIRE CIRCLE  
City-State-Zip: MONROEVILLE PA 15146

Title MGRM  
Name BOHINSKI, RONALD  
Address 511 SANDSTONE STREET  
City-State-Zip: LAKELAND FL 33809

Title MGRM  
Name HODOBA, RONALD  
Address 196 PUMP STATION ROAD  
City-State-Zip: NEW ALEXANDRIA PA 15670

*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:** RONALD F. BOHINSKI

**REGISTERED AGENT**

**01/09/2014**

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

\_\_\_\_\_  
Date