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: JAMES T WHITE

MANAGER

04/05/2017

Current Principal Place of Business:

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Mailing Address:

508 N HARBOR CITY BLVD MELBORUNE, FL 32935

DOCUMENT# L14000151556

Entity Name: 1777 AURORA ROAD, LLC

508 N HARBOR CITY BLVD MELBORUNE. FL 32935 US

FEI Number: 47-1952948

Name and Address of Current Registered Agent:

EASLER, ANDREW DAVID 508 N HARBOR CITY BLVD MELBORUNE, FL 32935 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:	ANDREW DAVID EASLER		04/05/2017	
		Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :					
	Title	AMBR	Title	AMBR	
	Name	A & J LIVING TRUST LLC	Name	T & S LIVING TRUST LLC	
	Address	508 N HARBOR CITY BLVD	Address	508 N HARBOR CITY BLVD	
	City-State-Zip:	MELBORUNE FL 32935	City-State-Zip:	MELBORUNE FL 32935	

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date