

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000117326

**Entity Name:** AURA'S SPECIAL CARE LLC

**Current Principal Place of Business:**

5561 WEST BROWARD BLVD  
PLANTATION, FL 33317

**Current Mailing Address:**

5561 WEST BROWARD BLVD  
PLANTATION, FL 33317

**FEI Number:** 81-3050096

**Certificate of Status Desired:** No

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

KRIMMER, AURA  
5561 WEST BROWARD BLVD  
PLANTATION, FL 33317 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 KRIMMER, AURA  
Address 5561 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL 33317

*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:** AURA KRIMMER

**PRESIDENT**

**04/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date