

2019 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 E KRIMMER

PRESIDENT

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date