

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017272

**Entity Name:** AUROCHEMICALS LLC

**Current Principal Place of Business:**

7 NICOLL STREET  
WASHINGTONVILLE, NY 10992

**Current Mailing Address:**

7 NICOLL STREET  
WASHINGTONVILLE, NY 10992 US

**FEI Number:** 46-1611935

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 MBR  
Name REVOCABLE LIVING TRUST OF DEO N. PERSAUD  
Address 7 NICOLL STREET  
City-State-Zip: WASHINGTONVILLE NY 10992

Title MBR  
Name PERSAUD FAMILY IRREVOCABLE EXEMPT TRUST - 2012  
Address 7 NICOLL STREET  
City-State-Zip: WASHINGTONVILLE NY 10992

Title MBR  
Name REVOCABLE LIVING TRUST OF INDRANIE PERSAUD  
Address 7 NICOLL STREET  
City-State-Zip: WASHINGTONVILLE NY 10992

*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:** DEO PERSAUD

**MEMBER**

**02/07/2024**

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

\_\_\_\_\_  
Date