

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000007399

1. Entity Name
AURORA VENTURES, LLC



Principal Place of Business
**3211 PONCE DE LEON BLVD
SUITE 207
CORAL GABLES, FL 33134**

Mailing Address
**3211 PONCE DE LEON BLVD
SUITE 207
CORAL GABLES, FL 33134**



01232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1108335

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARMONA, MIGUEL ANTONIO MGR
3211 PONCE DE LEON BLVD
SUITE 207
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000805057
02/05/08-80093-010 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMONA, MIGUEL ANTONIO 3211 PONE DE LEON BLVD., SUITE 207 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/08

Date

305-443-0953

Daytime Phone #