

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0009624

DOCUMENT # L02000034594

1. Entity Name

AURORA, LLC



FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1443 DINGENS AVENUE BOX 26
GOTHA FL 34734
US

Mailing Address

1517 E HILLCREST ST
ORLANDO FL 32803
US

2. Principal Place of Business

927 Fern St, Ste 1800

3. Mailing Address

927 FERN STREET

Suite, Apt. #, etc.

Altamonte Springs

Suite, Apt. #, etc.

Suite 1800

City & State

FLORIDA

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59-3763316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO FL 32803

Name

John B. Harrison

Street Address (P.O. Box Number is Not Acceptable)

927 FERN STREET, Suite 1800

City

Altamonte Springs

FL

Zip Code

32701

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

JOHN A. HARRISON, PRESIDENT

10/2/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HARRISON, JOHN B
STREET ADDRESS 1443 DINGENS AVE BOX 26
CITY-ST-ZIP GOTHA FL 34734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME HARRISON, VICKIE G
STREET ADDRESS 1443 DINGENS AVE BOX 26
CITY-ST-ZIP GOTHA FL 34734

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOHN A. HARRISON

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

Date

Daytime Phone #

10/28/03

407-331-9800

CR2E083 (4/03)