

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90208 011 ****50.00

DOCUMENT # L03000013495

1. Entity Name

LORI DRIVE, LLC



Principal Place of Business

5350 SPRING HILL DRIVE
SPRING HILL FL 34606

Mailing Address

5350 SPRING HILL DRIVE
SPRING HILL FL 34606



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

54-2106742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGELLO, AGNES
5350 SPRING HILL DRIVE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name Pariksinh Singh

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

5350 Spring Hill Drive

City Spring Hill

FL

Zip Code
34606

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]

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGR AURO S MANAGEMENT, LLC
STREET ADDRESS 5350 SPRING HILL DRIVE
CITY ST ZIP SPRING HILL FL 34606

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

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

Date

Daytime Phone #