

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000019876



1. Entity Name

AURORA ASSOCIATES, LLC

Principal Place of Business

**6147 PINE DRIVE
LANTANA FL 33462**

Mailing Address

**6147 PINE DRIVE
LANTANA FL 33462**



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

38-1249848

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

**POMPONIO, MICHAEL
6147 PINE DRIVE
LANTANA FL 33462**

Name

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

City

FL

Zip Code

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 remaining)

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	MGR		☐ Delete				☐ Change ☐ Addition
	POMPONIO, MICHAEL						
	6147 PINE DRIVE						
	LANTANA FL 33462						
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition

U000000596132
01/23/07-80065-020 50.00

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

Date

Daytime Phone #

Michael J. Pomponio 1-19-07 561-445 4360