## " 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L04000034176**

1. Entity Name AURO MANAGEMENT, LLC



**FILED** Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

5350 SPRING HILL DR SPRING HILL, FL 34606 Mailing Address

5350 SPRING HILL DR SPRING HILL, FL. 34606



## DO NOT WRITE IN THIS SPACE

01052008 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 20-1122290 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

5. Name and Address of Current Registered Agent

AUGELLO, AGNES 5350 SPRING HILL DR SPRING HILL, FL 34606

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obligat   | named entity submits this statement for the purpose of chations of registered agent.   | nging its registered  | d office or registered agent, or bo  | th, in the State of Florida. I am familiar with, and accept   |
|---|--|---|--|---|
| SIGNATURE Signature, typed or printed name of registered agent and this if applicable |  | (NOTE, Registered Agent algorithms required when reinstating)  OATE |  |   |
| Fi  | lling Fee is \$50.00<br>ue by May 1, 2006  |   |  |   |
| D.  | MANAGING MEMBERS/MANAGERS  |   |  |   |
| DTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SINGH, PARIKSITH<br>5350 SPRING HILL DR<br>SPRING HILL, FL 34606  |   |  | 1000000447187   |
| DILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  | 03/08/05 20042-023 50.00  |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | DO   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | IN '   | THIS SPACE  |
| TITLE NAME STRICT ADDRESS CATY-ST-ZIP   |  |   |  |   |
| TITLE NAME STREET ADDRESS CHY-ST-ZP   |  |   |  |   |
| 11. I hereby indicated limited like   | certily that the information supplied with this filing does not on this report is true and accurate and that my signature ability company or the receiver or trustee/empowered to ex | t quality for the ex-<br>shall have the sam<br>ecute this report a  | emptions contained in Chapter 1<br>se legal effect as if made under of<br>se required by Chapter 608, Florid | <ol> <li>Florida Statutes. I further certify that the information<br/>talt; that I am a managing member of manager of the<br/>da Statutes.</li> </ol> |