

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90309 029 ****50.00

DOCUMENT # L04000034176

1. Entity Name

AURO MANAGEMENT, LLC



Principal Place of Business

Mailing Address

5350 SPRING HILL DR
SPRING HILL FL 34606

5350 SPRING HILL DR
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
20-1122290

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

AUGELLO, AGNES
5350 SPRING HILL DR
SPRING HILL FL 34606

Name Pariksith 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

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Delete
STREET ADDRESS SINGH, PARIKSITH
CITY ST ZIP 5350 SPRING HILL DR
SPRING HILL FL 34606

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

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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 #