

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061099

**Entity Name:** ALIGHT, LLC

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19329 US HIGHWAY 19 NORTH  
SUITE 100  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

19329 US HIGHWAY 19 NORTH  
SUITE 100  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORMAN T. ROBERTS, P.A.  
50 W. MASHTA DRIVE, SUITE 4  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AURORA LIGHTING INC.  
Address: 19329 US HIGHWAY 19 NORTH SUITE 100  
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: AURORA LIGHTING INC

MGRM

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date