

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066534

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: AURO COMMUNITY GARDEN, LLC

**Current Principal Place of Business:**

15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 61-1568569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINGH, PARIKSITH  
15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 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: MGR ( ) Delete  
Name: SINGH, PARIKSITH  
Address: 15215 CORTEZ BOULEVARD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGR ( ) Delete  
Name: SCUNZIANO-SINGH, MARIA  
Address: 15215 CORTEZ BOULEVARD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGR ( ) Delete  
Name: HILL, JOHNNY G  
Address: 15215 CORTEZ BOULEVARD  
City-St-Zip: BROOKSVILLE, FL 34613

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PARIKSITH SINGH

MGR

01/16/2009

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