

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087559

Entity Name: AURORA PINES, LLC

FILED  
Mar 21, 2012  
Secretary of State

## Current Principal Place of Business:

3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926

## New Principal Place of Business:

511 SANDSTONE STREET  
LAKELAND, FL 33809 UN

## Current Mailing Address:

3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926

## New Mailing Address:

511 SANDSTONE STREET  
LAKELAND, FL 33809 UN

FEI Number: 45-3154934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WATSON, VICTOR M  
3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926 US

## Name and Address of New Registered Agent:

BOHINSKI, RONALD F  
511 SANDSTONE STREET  
LAKELAND, FL 33809 US

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: RONALD BOHINSKI

03/21/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: RAYMER, CAROLYN  
Address: 171 MONTICELLO DRIVE  
City-St-Zip: MONROEVILLE, PA 15146

Title: MGRM  
Name: REMCHECK, WALTER  
Address: 611 MERCER STREET  
City-St-Zip: TURTLE CREEK, PA 15145

Title: MGRM  
Name: CUCCIA GALAMB, MELINDA  
Address: 134 WILTSHIRE CIRCLE  
City-St-Zip: MONROEVILLE, PA 15146

Title: MGRM  
Name: BOHINSKI, RONALD  
Address: 511 SANDSTONE STREET  
City-St-Zip: LAKELAND, FL 33809

Title: MGRM  
Name: HODOBA, RONALD  
Address: 196 PUMP STATION ROAD  
City-St-Zip: NEW ALEXANDRIA, PA 15670

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: RONALD BOHINSKI

MR

03/21/2012

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