

2000 UNIFORM BUSINESS REPORT (UBR)

0000503 AF

DOCUMENT # L99000004103

1. Entity Name
AURORA ENTERPRISES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:10

Principal Place of Business
271 KERRY COURT
ALTAMONTE SPRINGS FL 32714

Mailing Address
271 KERRY COURT
ALTAMONTE SPRINGS FL 32714-5163



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3586920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GARDA, LUIS MD~~
601 E ROLLINS STREET
ORLANDO FL 32803

GUARDA
↑
CORRECT SPELLING

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
~~GARDA, LUIS MD~~
601 E ROLLINS STREET
ORLANDO FL 32803

GUARDA
↑
CORRECT SPELLING

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

GUARDA, Luis
↑
CORRECT SPELLING

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 GUARDA

2/3/2000 407-897-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)