

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001374

1. Entity Name
AURAFIN-OROAMERICA LLC



Principal Place of Business

**6701 NOB HILL ROAD
TAMARAC, FL 33321**

Mailing Address

**6701 NOB HILL ROAD
TAMARAC, FL 33321**



01262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1106863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AURAFIN LLC
6701 NOB HILL ROAD
TAMARAC, FL 33321**

TITLE
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CITY - ST - ZIP

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U000000030371
02/04/04-80107-019 50.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Michael H. Gusky
MGRM**

01/28/04 718-3200

Date

Daytime Phone #