

MO6000000827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

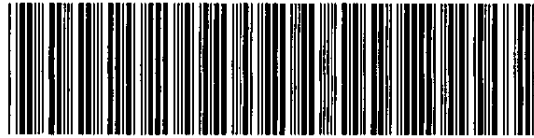
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aurora Capital LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Eliot Margolis

(Name of Person)

Aurora Capital LLC

(Firm/Company)

200 Park Avenue South - Suite 1301

(Address)

New York, NY 10003

(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Robert Abrams at (561) 988-9129

(Name of Person)

(Area Code and Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

08 DEC -8 PM 12:07

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Aurora Capital LLC.
2. This entity was formed under the laws of: State of New York.
3. This entity was authorized to transact business in Florida on 02/13/2006
and its Florida document/registration number is M06000000827/134023027.
4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Gene Robert Abrams

4431 Woodfield Boulevard

Boca Raton, FL 33434

Required Signature: _____

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25