

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M97000000810

1. Entity Name
AURO REPUBLIC HOTEL, LLC



Principal Place of Business
**60 POINTE CIR
GREENVILLE, SC 29615**

Mailing Address
**60 POINTE CIR
GREENVILLE, SC 29615**



03262008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2375151

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUROTTO, DONALD
300 S ORANGE AVE
STE 1000
ORLANDO, FL 32801**

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000000000000000000
04/13/08-800933-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAMA, H P
60 POINTE CIR
GREENVILLE, SC 29615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAMA, J P
60 POINTE CIR
GREENVILLE, SC 29615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAMA, M P
60 POINTE CIR
GREENVILLE, SC 29615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4-1-08