## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092217

Entity Name: EMICORP, LLC

**Current Principal Place of Business:** 

9781 N.W. 24TH PLACE SUNRISE. FL 33322

**Current Mailing Address:** 

9781 N.W. 24TH PLACE SUNRISE, FL 33322

FEI Number: 52-2449478 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, SARA 9781 N.W. 24TH PLACE SUNRISE, FL 33322 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:

Electronic Signature of Registered Agent

Date

FILED Apr 12, 2015

**Secretary of State** 

CC9252016443

## Authorized Person(s) Detail:

Title MGR

Name MILLER, SARA

Address 9781 N.W. 24TH PLACE City-State-Zip: SUNRISE FL 33322

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA MILLER MANAGER 04/12/2015