

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000126793

**Entity Name:** "EMS" EMERGENCY MAINTENANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

6724 GILDA DR  
TAMPA, FL 33625

**Current Mailing Address:**

6724 GILDA DR  
TAMPA, FL 33625 US

**FEI Number:** 46-1166061

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NERA, EDINSON  
6724 GILDA DR.  
TAMPA, FL 33625 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

**Authorized Person(s) Detail :**

Title MGR  
Name MERA, EDINSON  
Address 6724 GILDA DR  
City-State-Zip: TAMPA FL 33625

Title MGR  
Name MERA, JOHN E  
Address 6905 N DUNCAN AVE  
City-State-Zip: TAMPA FL 33604

*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:** EDINSON MERA

**MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date