## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000068063

**Entity Name: EMCEE LLC** 

**Current Principal Place of Business:** 

16 MILHAVEN ROAD WOODBRIDGE, CT 06525

**Current Mailing Address:** 

16 MILHAVEN ROAD WOODBRIDGE, CT 06525 US

FEI Number: 32-0439240 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 3030 N. ROCKY POINT DR. STE 150A

TAMPA, FL 33607 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** Feb 06, 2019

**Secretary of State** 

2111476452CC

## Authorized Person(s) Detail:

Title MGR

COHEN, MATTHEW E Name Address 16 MILHAVEN ROAD

City-State-Zip: WOODBRIDGE CT 06525

SIGNATURE: MATTHEW E. COHEN

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.

**MANAGER**