5/1

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-12-2002 90576 029 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000047

1. Entity Name

EMERALD, LLC

[redacted]

DO NOT WRITE IN THIS SPACE

91935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 Vineland Rd	5200 Vineland Rd
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Orlando FL	City & State Orlando FL
Zip 32811 Country	Zip 32811 Country

4. FEI Number 59-3690523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Suresh Gupta

Street Address (P.O. Box Number is Not Acceptable)

5200 Vineland Rd Suite 200

City Orlando FL Zip Code 32811

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME ANIL DESHPANDE STREET ADDRESS 5200 Vineland Rd Suite 200 CITY-ST-ZIP Orlando FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM NAME BRAHAM AGGARWAL STREET ADDRESS 5200 Vineland Rd Suite 200 CITY-ST-ZIP Orlando FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM NAME SURESH GUPTA STREET ADDRESS 5200 Vineland Rd Suite 200 CITY-ST-ZIP Orlando FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1 May 02 407-629-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

BRAHAM AGGARWAL