

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 09, 2004 08:00 AM
Secretary of State

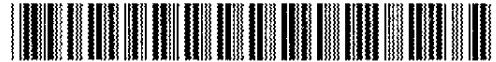
DOCUMENT # L01000005430

1. Entity Name
E M B E ENTERPRISES, L.L.C.



Principal Place of Business
240 CLARKSON LANE
VERO BEACH, FL 32963

Mailing Address
240 CLARKSON LAND
VERO BEACH, FL 32963



02222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3712256

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHIEL, CHRIS
240 CLARKSON LAND
VERO BEACH, FL 32963

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEHIEL, CHRIS 240 CLARKSON LANE VERO BEACH, FL 32963
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06/09/04-80001-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/7/04 772-234-8659
Date Daytime Phone #