

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90576 044 ****50.00

DOCUMENT # L01000011235

1. Entity Name

EMIDA MANAGED SYSTEMS, LLC



Principal Place of Business

**848 BRICKELL AVE., STE. 1200
MIAMI FL 33131**

Mailing Address

**MARK H AUERBACH ESQ-KIRKPATRICK LOCKHART
201 S. BISCAYNE BLVD., STE. 200
MIAMI FL 33131**

2. Principal Place of Business

2200 S. Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

Ste. 601

City & State

Miami, FL

Zip

33133

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1120670**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**AUERBACH, MARC H ESQ.
KIRKPATRICK & LOCKHART
201 S. BISCAYNE BLVD., STE. 2000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
BRILLEMBOURG, RENE
848 BRICKELL AVE #1200
MIAMI FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
LEYBN, HERMON
848 BRICKELL AVE #1200
MIAMI FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGR
MENDOZA, GILBERT
848 BRICKELL AVE #1200
MIAMI FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

**2200 S. Dixie Hwy Ste. 601
Miami, FL 33133**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

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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 no 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 REQUIRED

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

Date

Daytime Phone #

04/16/03

(305)854-2714

CR2E083 (10/02)

0013265