

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90071 040 ****55.00

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1. Entity Name
EM FLORIDA REAL ESTATE, LLC

Principal Place of Business
17555 COLLINS AVENUE, APT. 1103
SUNNY ISLES, FL 33160

Mailing Address
17555 COLLINS AVENUE, APT. 1103
SUNNY ISLES, FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222006 Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0636066

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAKOVETSKY, EMIL
17555 COLLINS AVENUE, APT. 1206
SUNNY ISLES, FL 33160

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

Emil Makovsky

(NOTE: Registered Agent signature required when reinstating)

DATE

01.21.06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAKOVETSKY, EMIL
56 KEUNE COURT
STATEN ISLAND, NY 10304 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAKOVETSKY, EMIL
80 LYMAN PLACE
STATEN ISLAND, NY 10304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Emil Makovsky

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

Date

01.21.06

Daytime Phone #