

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90002 023 ****50.00

DOCUMENT # L02000023653

1. Entity Name
EMERIL'S MIAMI BEACH, LLC



Principal Place of Business 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CENTE R C/O KEVIN COWAN MIAMI, FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CENTE R C/O KEVIN COWAN MIAMI, FL 33131
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24067678



2. Principal Place of Business 1601 Collins Avenue	3. Mailing Address 829 St. Charles Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202004 Chg-LLC CR2E083 (10/03)

City & State Miami Beach FL	City & State New Orleans, LA
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4. FEI Number 72-1408490	Applied For <input type="checkbox"/> Not Applicable
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Zip 33139	Country	Zip 70130	Country
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD., 1500 MIAMI CENTE
R C/O KEVIN COWAN
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME EMERIL'S HOMEBASE, LLC	
STREET ADDRESS 829 S. CHARLES AVE.	
CITY - ST - ZIP NEW ORLEANS, LA 70130	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Emeril J. Lagasse III **Emeril J. Lagasse III, Member**

504-524-4241

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