

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030240

1. Entity Name
EMS ENTERPRISES, LLC



Principal Place of Business
**9214 PINE ISLAND COURT
TAMPA, FL 33647**

Mailing Address
**9214 PINE ISLAND COURT
TAMPA, FL 33647**



02232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3088579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H ESQ.
C/O HINES, NORMAN, HINES & SULLIVAN, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RATTES, MAX F
9214 PINE ISLAND COURT
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RATTES, DORA B
9214 PINE ISLAND COURT
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1000000456095
03/16/06-80014-017 50.00

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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:

Dora B. Rattes MGR

3/2/06

(813) 625-0224

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

Date

Daytime Phone #