

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000004340

1. Entity Name
EMI LLC



Principal Place of Business
12309 SW 224 ST. #C
MIAMI, FL 33170

Mailing Address
12309 SW 224 ST. #C
MIAMI, FL 33170

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052008

REIN-LLC

CR2E101 (1/07)

4. FEI Number

03-0505574

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

RODRIGUEZ, MARIA E
15301 SW 305 ST
MIAMI, FL 33033

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 \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RODRIGUEZ, MARIA E
11805 SW 184TH ST
MIAMI, FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400120860014
03/20/08--01051--010 **277.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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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

Signature, typed or printed name of signing managing member, manager, or authorized representative

3/6/08

305-551-6508

Date

Daytime Phone #

REINSTATEMENT 07-08

FILED

08 MAR 28 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

