


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L03000012500 1. Entity Name E & M, LLC	
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Principal Place of Business 7041 HIRAMS ROAD SOUTHPORT, FL 32409	Mailing Address P.O. BOX 382 LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



03082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0449120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHATONEY, WILLIAM M
7041 HIRAMS ROAD
SOUTHPORT, FL 32409

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHATONEY, WILLIAM M 7041 HIRAMS ROAD PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHATONEY, ELIZABETH D 7041 HIRAMS ROAD PANAMA CITY, FL 32409
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 04/03/08-80095-020 138.75

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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: *Elizabeth D. Chatoney* **3-13-08** **850-271-0555**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #