

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90536 018 ****50.00

DOCUMENT # L03000014234

1. Entity Name

**EMILIA'S ITALIAN DELI & GOURMET MARKET,
L.L.C.**



Principal Place of Business

**2451 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118**

Mailing Address

**2451 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118**

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Zip

Country

FLORIDA

City & State

Zip

Country

FLORIDA

4. FEI Number

58-2673534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, CHARLES BRUCE
308 DUBS DRIVE
HOLLY HILL FL 32117**

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

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

(NOTE: Registered Agent signature required when reuniting)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, CHARLES BRUCE
308 DUBS DRIVE
HOLLY HILL FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, CATHERINE F
308 DUBS DRIVE
HOLLY HILL FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARTIN, ANDREINA
308 DUBS DRIVE
HOLLY HILL FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

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

CHARLES B. THOMPSON

Date

3/01/05 386-676-0215

Daytime Phone #