2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 27, 2006 08:00 AM Secretary of State DOCUMENT # L03000014234 1. Entity Name EMÌLIA'S ITALIAN DELI & GOURMET MARKET, Mailing Address Principal Place of Business 2451 N. ATLANTIC AVE DAYTONA BEACH FL 32118 2451 N. ATLANTIC AVE DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. ff. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 58-2673534 Not Applicable Ζip Country Zω Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, CHARLES BRUCE Street Address (P.O. Box Number is Not Acceptable) 308 DUBS DRIVE HOLLY HILL FL 32117 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, typing or printed name of registered agent and tritle d approache. (NOTE: Registered Agent signature required when reinstaling) FILE NOW !!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TIBLE Change ☐ Addition T)33 F MGRM □ Detete NAME THOMPSON, CHARLES BRUCE MARKE STREET ADDRESS 308 DUBS DRIVE STREET ADDRESS 100000481932 CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP 04/11/06-80056 003 50.00 TITLE ☐ Delete T351 % Addition 🔲 ☐ Change NAME NAME THOMPSON, CATHERINE F 308 DUBS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 🔲 Delete TITLE TITLE ☐ Change 🔲 Addition NAME NAME MARTIN, ANDREINA STREET ADDRESS STREET ADDRESS 308 DUBS DRIVE C11Y - S1 - Z1P CDY-ST-ZIP HOLLY HILL FL 32117 TITLE ☐ Delete IIIŒ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TITLE ☐ Change Addition TITLE NARKE NAME STREET ADDRESS STREET ACCRESS CHTY-ST-ZIP DITY - ST-ZIP TITLE Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATUŔE:

FILED

3/21/06 382-676-0215