

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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



01192007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2673534	Applied For Not Applicable
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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

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THOMPSON, CHARLES BRUCE
STREET ADDRESS	308 DUBS DRIVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	MGRM
NAME	THOMPSON, CATHERINE F
STREET ADDRESS	308 DUBS DRIVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	MGRM
NAME	MARTIN, ANDREINA
STREET ADDRESS	308 DUBS DRIVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/07-80028-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/23/07 386-676-0205