

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 31, 2008 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



01252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**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

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

U000000807665  
02/07/08-80017-025 143.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #