

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000014830

1. Entity Name
EMMANNA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -3 AM 9:35

Principal Place of Business
181 10TH COURT
VERO BEACH, FL 32960

Mailing Address
181 10TH COURT
VERO BEACH, FL 32960

2. Principal Place of Business
440 28th COURT S.W.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2803
Suite, Apt. #, etc.

City & State
VERO BEACH, FL
Zip
32968

City & State
VERO BEACH, FL
Zip
32968

08012005 REIN-LLC CR2E101 (6/04)

4. FEI Number
57 116 7318

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLAND, CYNTHIA LEE
181 10TH COURT
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
CYNTHIA LEE BOLAND
Street Address (P.O. Box Number is Not Acceptable)
440 28th COURT S.W.
City
VERO BEACH FL Zip Code
32968

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 Cynthia Lee Boland (CYNTHIA LEE BOLAND) 8/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOLAND, CYNTHIA LEE
181 10TH COURT
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
BOLAND, CYNTHIA LEE
440 28th COURT S.W.
VERO BEACH, FL 32968 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
08/03/05 01064 001 \$205.00 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 04-05 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: Cynthia Lee Boland, MGR 8/2/05 772-559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 0077

CYNTHIA LEE BOLAND, MGR.