

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90121 021 ***138.75

DOCUMENT # L03000017563

1. Entity Name

EMMANUEL, LLC



Principal Place of Business

868 102ND AVE. N.
SUITE 301
NAPLES FL 34108

Mailing Address

868 102ND AVE. N.
SUITE 301
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #

1011 Tivoli Drive
Suite, Apt. #, etc.

3. Mailing Address

1011 Tivoli Drive
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

51-0468485

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34104

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERPENING, CRAIG R ESQ
868 102ND AVENUE NORTH
SUITE 301
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1011 Tivoli Drive

City

Naples

FL

Zip Code

34104

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

Craig R Terpening

4/14/2008

Signature, typed or printed name of registered agent and file 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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TERPENING, CRAIG R ESQ.	
STREET ADDRESS	1011 TIVOLI DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Craig R Terpening

4/14/2008

(239) 465-6702

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

Date

Daytime Phone #