

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90023 029 ****50.00

DOCUMENT # L04000001449					
1. Entity Name EMOTIONAL AUDIO, LLC					
Principal Place of Business 1608 BAY POINTE COURT SARASOTA, FL 34236			Mailing Address P.O. BOX 3532 SARASOTA, FL 34230		
2. Principal Place of Business 1652 Main Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State		4. FEI Number 200561373	
Zip 34236		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ENDRISS, EDWARD M 1608 BAY POINTE COURT SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: ENDRISS, Edward M. Street Address (P.O. Box Number is Not Acceptable): 1652 Main Street City: Sarasota FL Zip Code: 34236		
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: <u>[Signature]</u> DATE: <u>4/1/05</u>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
MGRM Matthew Endriss 1836 Laurel Street Apt #2 Sarasota FL 34236					
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: <u>[Signature]</u>			DATE: <u>4/1/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					