2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State
07-24-2008 90045 003 ***138.75

DOCUMENT # L04000034828

1. Entity Name
EMIDOM, LLC

Principal Place of Business	Mailing Address
6110 NORTH OCEAN BLVD., APT. 24 OCEAN RIDGE, FL 33435	6110 NORTH OCEAN BLVD., APT. 24 OCEAN RIDGE, FL 33435

DO NOT WRITE IN THIS SPACE

07182008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1094138
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIMAGGIO, DOMINIC P
6110 NORTH OCEAN BLVD., APT. 24
OCEAN RIDGE, FL 33435

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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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIMAGGIO, DOMINIC P
STREET ADDRESS	6110 NORTH OCEAN BLVD., APT. 24
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dominic P. DiMaggio 8/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #