

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L04000035632

1. Entity Name
ELECTRONIC MATERIALS SOLUTIONS, LLC



Principal Place of Business
**17930 CACHET ISLE DRIVE
TAMPA, FL 33647**

Mailing Address
**17930 CACHET ISLE DRIVE
TAMPA, FL 33647**



01042008

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DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1109509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 00000000
0000 000000

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION ST
RIVERVIEW, FL 33569**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MILLER, DAVID C
17930 CACHET ISLE DRIVE
TAMPA, FL 33647**

TITLE
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CITY-ST-ZIP

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03/26/08-80022-011 138.75

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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:

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

3/6/08

Date

Daytime Phone #