

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060196

Entity Name: FEMA GROUP, LLC

FILED  
Jul 06, 2005  
Secretary of State

**Current Principal Place of Business:**

1155 CHARLES STREET #115  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1155 CHARLES STREET #115  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 51-0520859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALVAREZ, ERNESTO  
575 MAJESTIC OAK DR.  
APOPKA, FL 32712      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ALVAREZ, ERNESTO  
Address: 575 MAJESTIC OAK DR.  
City-St-Zip: APOPKA, FL 32712

Title: MGR      ( ) Delete  
Name: MIRO, FRANK  
Address: 1210 COMMODORE DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ERNESTO ALVAREZ

MGR

07/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date