

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082908

1. Entity Name
ELMI ENTERPRISES, LLC



Principal Place of Business

**503 VILLAGE DRIVE
BOURNE, MA 02532**

Mailing Address

**503 VILLAGE DRIVE
BOURNE, MA 02532**

DO NOT WRITE IN THIS SPACE



03202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2365707

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, MICHAEL M
18501 MURDOCK CIRCLE, SUITE 101
PORT CHARLOTTE, FL 33948**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DIAMOND, MICHELLE
STREET ADDRESS	503 VILLAGE DRIVE
CITY-ST-ZIP	BOURNE, MA 02532
TITLE	MGRM
NAME	DEFABRITIS, ELIO A
STREET ADDRESS	53 EDENFIELD AVENUE
CITY-ST-ZIP	WATERTOWN, MA 02472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: _____

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

Date _____

Daytime Phone # _____