


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000090156**

1. Entity Name  
EMERSON FULFILLMENT SERVICES LLC



Principal Place of Business  
1016 COLLIER CENTER WAY, SUITE 103  
NAPLES, FL 34110

Mailing Address  
1016 COLLIER CENTER WAY, SUITE 103  
NAPLES, FL 34110



01102006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1802457	Applied for First Appearance
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, MICHAEL J  
1016 COLLIER CENTER WAY, SUITE 103  
NAPLES, FL 34110

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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 \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR CONNORS, MICHAEL J 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110
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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:** Michael J Connors Manager 1/13/06 2392540175

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