

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 017 ***150.00

DOCUMENT # L05000035088

1. Entity Name
EMCEE TECHNICAL CONSULTANTS LLC



Principal Place of Business
16290 KELLY WOODS DR
FORT MYERS, FL 33908

Mailing Address
SUITE 318-364, 5100, S. CLEVELAND AVE.
FORT MYERS, FL 33907

40102084



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2678094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARITH, RAM
9371 CYPRESS LAKE DR., SUITE 19
FORT MYERS, FL 33919

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCHNEIDER, MIKE
STREET ADDRESS SUITE 318-364, 5100 SOUTH CLEVELAND AVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE MGR
NAME SCHNEIDER, CHRIS
STREET ADDRESS SUITE 318-364, 5100 SOUTH CLEVELAND AVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE: _____

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

Christopher D. Schneider

1/5/07 239-938-5770

Date

Daytime Phone #