

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000049915

1. Entity Name
**EMC BUILDING RESTORATION AND WATERPROOFING
LLC**



Principal Place of Business
**1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Mailing Address
**13800 ECKLES ROAD
LIVONIA, MI 48150**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3067140

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
**MR.
MAZUR, ROBERT T
13800 ECKLES ROAD
LIVONIA, MI 48150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
MAZUR, JOHN
13800 ECKLES ROAD
LIVONIA, MI 48150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
HOULE, KEVIN
13800 ECKLES ROAD
LIVONIA, MI 48150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000949841
06/03/08-80045-001 138.75

**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 608, Florida Statutes.

SIGNATURE: _____

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

KEVIN HOULE

4-6-08

Date

734-464-3820

Daytime Phone #