

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000078288 1. Entity Name 342 EMORY DRIVE, LLC	
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Principal Place of Business 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114	Mailing Address 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114
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01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3574980	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GORNT0, L.A. JR. ESQ 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114
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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: _____ 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	MGR KOHEN, MICHAEL D 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOHEN, MARIAN R 709 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114
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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: <u>Marian Kohen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date: <u>1-08-08</u> Daytime Phone #: <u>386 572 8942</u>