

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082921

Entity Name: E.M.W. SERVICES, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

819 VERANDA PL.
CELEBRATION, FL 34747 US

New Principal Place of Business:

1230 WRIGHT CIRCLE UNIT 301
CELEBRATION, FL 34747 US

Current Mailing Address:

819 VERANDA PL
CELEBRATION, FL 34747 US

New Mailing Address:

1230 WRIGHT CIRCLE UNIT 301
CELEBRATION, FL 34747 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, EILEEN M
Address: 819 VERANDA PL
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM () Delete
Name: WILSON, GREGORY M
Address: 819 VERANDA PL
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EILEEN M. WILSON

MGRM

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date