


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90067 004 \*\*\*\*55.00

<b>DOCUMENT # L05000088121</b> 1. Entity Name <b>E &amp; M INTERIOR SPECIALISTS, LLC</b>	
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Principal Place of Business <b>307 FRANKLIN STREET HOLLYWOOD, FL 33019 US</b>	Mailing Address <b>307 FRANKLIN STREET HOLLYWOOD, FL 33019 US</b>
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2. Principal Place of Business <b>1320 N.E. 2ND ST</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>FORT LAUDERDALE</b>	City & State		
Zip <b>33301</b>	Country <b>U.S.A.</b>	Zip	Country



04172006	Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-3462793</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

<b>6. Name and Address of Current Registered Agent</b>  TYACKE, MICHELE 307 FRANKLIN STREET HOLLYWOOD, FL 33019	<b>7. Name and Address of New Registered Agent</b>  Name <b>MICHELE TYACKE</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1320 N.E. 2ND STREET</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33301</b>
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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 *Michele Tyacke* (NOTE: Registered Agent signature required when reinstating) DATE 4-27-06

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM TYACKE, MICHELE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	307 FRANKLIN STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Michele Tyacke* DATE: 4-27-06 DAYTIME PHONE #: 305-725-8274

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