

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000057686

1. Entity Name  
EMS ENTERPRISES, LLC



**FILED**

08 APR 16 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business  
1500 MLK JR. BLVD.  
TALLAHASSEE, FL 32307

Mailing Address  
P O BOX 71912  
TALLAHASSEE, FL 32307

2. Principal Place of Business - No P.O. Box #

1668

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-1011196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ELHAZZ MALIK  
736 EAST JEFFERSON ST  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MILLER, ELHAZZ MALIK  
736 EAST JEFFERSON ST  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SMITH, NZINGA  
2833 SOUTH ADAMS APT 2304  
TALLAHASSEE, FL 32301 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
300123722383  
04/16/08--01025--013 \*\*138.75

TITLE  
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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 authorized 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-08 (850) 528-3139