

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 010 ***138.75

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # L07000046669 | | | | | |
| 1. Entity Name THE EMELI GROUP, LLC | | | | | |
| Principal Place of Business 12070 74TH AVENUE NORTH SEMINOLE, FL 33772 US | | | Mailing Address 12070 74TH AVENUE NORTH SEMINOLE, FL 33772 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FFL Number 26-0385271 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE, FL 32207 | | | | 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when re-stating) | | | | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINK, EDWARD L 12070 74TH AVENUE NORTH SEMINOLE, FL 33772 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINK, E. HARRY JR. C/O 12070 74TH AVENUE NORTH SEMINOLE, FL 33772 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, ELIZABETH F 2390 KENT PLACE CLEARWATER, FL 33764 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINK, E. HARRY JR. C/O 12070 74TH AVENUE NORTH SEMINOLE, FL 33772 | <input type="checkbox"/> Delete | | | |
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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: <i>Edward L. Fink</i> (Edward L. Fink) MGRM 5-21-08 727-319-6434 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |