



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 17, 2008 8:00 am
Secretary of State

03-17-2008 90262 027 ***138.75

DOCUMENT # L07000066164			
1. Entity Name E. MYERS ENTERPRISES, LLC			
Principal Place of Business 76 NAUTILUS ROAD BRIDGEPORT, CT 06606		Mailing Address 76 NAUTILUS ROAD BRIDGEPORT, CT 06606	
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
02182008		Chg-LLC CR2E083 (12/08)	
4. FEI Number 26-0441265		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PILCHER, DAVID ESQ ESTATE PLANNING AND LEGACY LAW CENTER, PLC 159 LOOKOUT PLACE, STE 101 MAITLAND, FL 32751-4466		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 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	MGR RAGIN, IVY 76 NAUTILUS ROAD BRIDGEPORT, CT 06606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		3/5/08 203-371-4994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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