

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90027 015 ***138.75

DOCUMENT # L07000125622

1. Entity Name
EMMALEX, LLC



Principal Place of Business
**17501 SW 58 STREET
SOUTHWEST RANCHES, FL 33331**

Mailing Address
**17501 SW 58 STREET
SOUTHWEST RANCHES, FL 33331**

60029262



2. Principal Place of Business - No P.O. Box #
17501 SW 58th St.
Suite, Apt. #, etc.

3. Mailing Address
17501 SW 58th St.
Suite, Apt. #, etc.

04232008 Chg-LLC CR2E083 (12/06)

City & State
Southwest Ranches, FL
Zip
33331 Country
USA

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Southwest Ranches, FL
Zip
33331 Country
USA

4. FEI Number
26-1684070
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SACHER, CHARLES
2655 LEJEUNE ROAD SUITE 1101
MIAMI, FL 33134**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EISENBERG, IAN
17501 SW 58 STREET
SOUTHWEST RANCHES, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARROLL, ALICIA
17501 SW 58 STREET
SOUTHWEST RANCHES, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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:

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

4/23/08

Date

954-815-8021

Daytime Phone #