

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050509

Entity Name: EMIL ECHELLE, LLC

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4185 ELLIS LN  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

4415-C CONSTITUTION LN #121  
MARIANNA, FL 32448 US

**New Mailing Address:**

FEI Number: 26-2636748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLINGS, JAQUAYA E MRS  
4185 ELLIS LN  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COLLINGS, JAQUAYA E MRS  
Address: 4185 ELLIS LN  
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAQUAYA COLLINGS

MGRM

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date