

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006954

Entity Name: ORIGER EMS L.L.C.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16 SANDPIPER LANE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

1616 NW FLOWERS ROAD  
MADISON, FL 32340

**Current Mailing Address:**

16 SANDPIPER LANE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

1616 NW FLOWERS ROAD  
MADISON, FL 32340

FEI Number: 26-4186083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORIGER, ANDRE J  
16 SANDPIPER LANE  
CRAWFORDVILLE, FL 32327 US

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

ORIGER, ANDRE J  
1616 NW FLOWERS ROAD  
MADISON, FL 32340 US

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: ANDRE J. ORIGER

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ORIGER, ANDRE J  
Address: 1616 NW FLOWERS ROAD  
City-St-Zip: MADISON, FL 32340

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: ANDRE J. ORIGER

MGRM

04/12/2012

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