

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090117

Entity Name: EMERALD CUTS, LLC

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5190 SABAL GARDENS LANE  
2  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5190 SABAL GARDENS LANE  
2  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 27-1142362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPICCOLO, BIAGIO S  
5190 SABAL GARDENS LANE  
2  
BOCA RATON, FL 33487 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: LOPICCOLO, BIAGIO S  
Address: 5190 SABAL GARDENS LANE # 2  
City-St-Zip: BOCA RATON, FL 33487

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: BIAGIO LOPICCOLO

MGR

02/21/2012

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