

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102620

Entity Name: EMMA'S TRACE, LLC

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

659 STATE ROAD 16  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

10743 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 27-1054311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOOST, STEPHEN  
10743 WAVERLY BLUFF WAY  
JACKSONVILLE, FL 32223 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: JOOST, STEPHEN C  
Address: 10743 WAVERLY BLUFF WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM  
Name: GLADYSZ, SCOTT E  
Address: 1053 INVERNESS DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: STEPHEN C. JOOST

PRES

01/23/2012

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