

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108819

Entity Name: EME DIRECTORY, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

624 W TROPICAL WAY  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

624 W TROPICAL WAY  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 27-2551001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLISS-MACCARIELLO, JOANNE  
624 W TROPICAL WAY  
PLANTATION, FL 33317 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: BLISS-MACCARIELLO, JOANNE PSY.D.  
Address: 624 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: MGRM  
Name: URTNOWSKI, JEROME  
Address: 624 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

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: JO-ANNE BLISS

P

04/10/2012

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