

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022529

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** EMERALD EDGE PRODUCTIONS LLC

**Current Principal Place of Business:**

2269 S. UNIVERSITY DRIVE, SUITE 170  
DAVIE, FL 333245856

**New Principal Place of Business:**

2269 S. UNIVERSITY DRIVE, SUITE 170  
DAVIE, FL 33324 US

**Current Mailing Address:**

2269 S. UNIVERSITY DRIVE, SUITE 170  
DAVIE, FL 333245856

**New Mailing Address:**

2269 S. UNIVERSITY DRIVE, SUITE 170  
DAVIE, FL 333245856 US

**FEI Number:** 27-4706770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEKAR, FELICE  
2269 S. UNIVERSITY DRIVE, SUITE 170  
DAVIE, FL 333245856 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:** LONDONO, CARLOS  
**Address:** 2831 SW 87 AVENUE #708  
**City-St-Zip:** DAVIE, FL 33328 US

**Title:** MGRM  
**Name:** SHEKAR, FELICE  
**Address:** 2269 S. UNIVERSITY DRIVE #170  
**City-St-Zip:** DAVIE, FL 3332 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:** FELICE SHEKAR

MGRM

02/09/2012

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