

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000114436

Entity Name: EMERALD EI, L.L.C.**Current Principal Place of Business:**853 WATERWAY PLACE, UNIT 109
LONGWOOD, FL 32750**Current Mailing Address:**853 WATERWAY PLACE, UNIT 109
LONGWOOD, FL 32750**FEI Number:** 36-4684364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTES, DAVID
EMERALD EI, LLC.
853 WATERWAY PLACE UNIT 109
LONGWOOD, FL 32750 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER, MANAGER,
VP, AUTHORIZED REPRESENTATIVE

Name MONTES, MAUREEN F

Address EMERALD EI, LLC
853 WATERWAY PLACE UNIT 109

City-State-Zip: LONGWOOD FL 32750

Title MANAGER, AUTHORIZED MEMBER

Name MONTES, MARK ALEXANDER

Address EMERALD EI, LLC.
853 WATERWAY PLACE UNIT 109

City-State-Zip: LONGWOOD FL 32750

Title MGR, PRESIDENT, AUTHORIZED
MEMBER, AUTHORIZED
REPRESENTATIVE

Name MONTES, DAVID M

Address EMERALD EI, LLC.
853 WATERWAY PLACE UNIT 109

City-State-Zip: LONGWOOD FL 32750

Title MANAGER, AUTHORIZED MEMBER

Name MONTES, BRIAN D

Address EMERALD EI, LLC
853 WATERWAY PLACE UNIT 109

City-State-Zip: LONGWOOD FL 32750

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN MONTES

VP

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date