

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000096762

**Entity Name:** EMEFOUR INVESTMENTS LLC

**Current Principal Place of Business:**

4130 SW 70 TERRACE  
DAVIE, FL 33314

**Current Mailing Address:**

4130 SW 70 TERRACE  
DAVIE, FL 33314 US

**FEI Number:** 46-3151029

**Certificate of Status Desired:** No

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

SOUTH FLORIDA CPA FINANCIAL INC.  
12555 ORANGE DRIVE  
116  
DAVIE, FL 33330 US

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**8989494079CC**

*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:** ALTAGRACIA SALAS

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MEYER-GOMEZ, EDWIN A 51%  
Address 2DA. AV. LOS CHAGUARAMOS,  
QTA.POLA  
City-State-Zip: ALTA FLORIDA CARACAS VZ 58212

Title MGR  
Name VILLAMANDOS DE MEYER, MARIA A  
29%  
Address 2DA. AV. LOS CHAGUARAMOS, QTA  
POLA  
City-State-Zip: ALTA FLORIDA CARACAS VZ 58212

Title MGR  
Name MEYER VILLAMANDOS, MARIANGELA  
10%  
Address 2DA. AV. LOS CHAGUARAMOS, QTA  
POLA  
City-State-Zip: ALTA FLORIDA CARACAS VZ 58212

Title MGR  
Name MEYER VILLAMANDOS, MARIANA V  
10%  
Address 2DA. AV. LOS CHAGUARAMOS, QTA  
POLA  
City-State-Zip: ALTA FLORIDA CARACAS VZ 58212

Title MGRM  
Name GOMEZ, MARIA C  
Address 4130 SW 70 TERRACE  
City-State-Zip: DAVIE FL 33314

*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:** EDWIN A. MEYER-GOMEZ

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date