

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103245

**Entity Name:** EMATB, LLC

**Current Principal Place of Business:**

2502 W. SAINT ISABEL ST,  
SUITE B  
TAMPA, FL 33607

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC7727452390**

**Current Mailing Address:**

2502 W. SAINT ISABEL ST,  
SUITE B  
TAMPA, FL 33607 US

**FEI Number:** 45-2773050

**Certificate of Status Desired:** No

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

MCCONNELL, WILLIAM E  
2502 W. SAINT ISABEL ST,  
SUITE B  
TAMPA, FL 33607 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           MANAGER  
Name           MCCONNELL, WILLIAM E  
Address        2502 W. SAINT ISABEL ST,  
                  SUITE B  
City-State-Zip: TAMPA FL 33607

Title           MGR  
Name           PIDALA, ANTHONY I  
Address        2502 W. SAINT ISABEL ST,  
                  SUITE B  
City-State-Zip: TAMPA FL 33607

Title           MGR  
Name           SAND, I. CHARLES  
Address        2502 W. SAINT ISABEL ST,  
                  SUITE B  
City-State-Zip: TAMPA FL 33607

Title           MGR  
Name           ROBELLI, JAMES  
Address        2502 W. SAINT ISABEL ST,  
                  SUITE B  
City-State-Zip: TAMPA FL 33607

Title           MGR  
Name           ALEXANDER, ANDREW  
Address        2502 W. SAINT ISABEL ST,  
                  SUITE B  
City-State-Zip: TAMPA FL 33607

*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:** WILLIAM MCCONNELL

**MANAGER**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date