

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110245

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC6291457819**

**Entity Name:** EXPENSE MANAGEMENT EXPERTS, LLC

**Current Principal Place of Business:**

1951 J AND C BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

PO BOX 110881  
NAPLES, FL 34108 US

**FEI Number:** 47-1338956

**Certificate of Status Desired:** No

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

GOODLING, PATTI  
1951 J AND C BLVD  
NAPLES, FL 34109 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	MGR	Title	MGR
Name	BEACHSIDE BUSINESS INVESTMENTS LLC	Name	GOODLING, PATTI
Address	1951 J AND C BLVD	Address	1951 J AND C BLVD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

*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:** PATTI GOODLING

**MGR**

**04/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date