

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000087610

Entity Name: EMEIS INVESTMENTS, LLC

Current Principal Place of Business:

6900 BULB FARM ROAD
WELLBORN, FL 32094

Current Mailing Address:

PO BOX 566
WELLBORN, FL 32094-0566 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUART, PATRICIA B
4641 W US HIGHWAY 90
LAKE CITY, FL 32055 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 |
| Name | EMEIS, TIMOTHY |
| Address | 6900 BULB FARM ROAD |
| City-State-Zip: | WELLBORN FL 32094 |
| | |
| Title | MGR |
| Name | SAVEY, RACHEL |
| Address | PO BOX 566 |
| City-State-Zip: | WELLBORN FL 32094-0566 |

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | EMEIS, PEGGY |
| Address | PO BOX 566 |
| City-State-Zip: | WELLBORN FL 32094-0566 |

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: TIMOTHY EMEIS

MANAGER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date