

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001677

**Entity Name:** EMERALD AR SYSTEMS, LLC

**Current Principal Place of Business:**

1850 N CENTRAL AVE  
STE 1010  
PHOENIX, AZ 85004

**Current Mailing Address:**

1850 N CENTRAL AVE  
STE 1010  
PHOENIX, AZ 85004

**FEI Number: 26-0548216**

**Certificate of Status Desired: No**

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

INCorp SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470 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 JENSEN, JOSHUA  
Address 1850 N CENTRAL AVE - # 1010  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name JENSEN, TOM  
Address 1850 N CENTRAL AVE - # 1010  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name WITT, JONATHAN  
Address 1850 N CENTRAL AVE - # 1010  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name JENSEN, JUSTIN  
Address 1850 N CENTRAL AVE - # 1010  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name WITT, JOSHUA  
Address 1850 N CENTRAL AVE - # 1010  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name COOPER, AUDREY  
Address 1850 N CENTRAL AVE - # 1010  
City-State-Zip: PHOENIX AZ 85004

*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: JOSHUA JENSEN**

**MEMBER**

**02/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date