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.

PRES

SIGNATURE: STEVE MRVICA

Electronic Signature of Signing Authorized Person(s) Detail

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:

Authorized Person(s) Detail :				
Title	MGRM	Title	PRES	
Name	MRVICA, STEVE	Name	MRVICA, STEVE	
Address	39 POULTON	Address	39 POULTON DRIVE	
City-State-Zip:	FORT WALTON BEACH FL 32548	City-State-Zip:	FORT WALTON BEACH FL 3254	

**39 POULTON DRIVE** FORT WALTON BEACH, FL 32548 US

**Current Principal Place of Business:** 

## FEI Number: 56-2597400

**Current Mailing Address:** 

DOCUMENT# L06000077001

FORT WALTON BEACH, FL 32548

39 POULTON DRIVE

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: EMERALD COAST REMODELING, LLC

MRVICA, STEVE F 39 POULTON DRIVE FORT WALTON BEACH, FL 32548 US

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 12, 2017 Secretary of State CC5305341043

Date

Certificate of Status Desired: No

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02/12/2017

Date