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 [,] AMBER NICOLE NELSON	MANAGER	01/22/2024		

SIGNATURE: AMBER NICOLE NELSON

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: PONCE DE LEON FL 32455 City-State-Zip: PONCE DE LEON FL 32455

thorized Person(s) Detail ·

Authorized Person(s) Detail :						
Title	MGRM	Title	MANAGER			
Name	NELSON, WILLIAM RJR	Name	NELSON, AMBER NICOLE			
Address	101 NICOLE LANE	Address	68 NICOLE LN			
City-State-Zip:	PONCE DE LEON EL 32455	Citv-State-Zip:	PONCE DE LEON FL 32455			

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.

Entity Name: EMERALD COAST MARKETING SPECIALTIES LLC

Current Principal Place of Business:

886 BALDWIN AVENUE DEFUNIAK SPRINGS, FL 32435

DOCUMENT# L07000046713

Current Mailing Address:

886 BALDWIN AVENUE DEFUNIAK SPRINGS. FL 32435

FEI Number: 20-8955443

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

NELSON, WILLIAM RJR 101 NICOLE LANE PONCE DE LEON, FL 32455 US

SIGNATURE:

Certificate of Status Desired: No

FILED Jan 22, 2024 Secretary of State 6801203635CC

Date

Date