

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000068813

**Entity Name:** EMERALD COAST MED SPA LLC

**Current Principal Place of Business:**

8123 NAVARRE PARKWAY  
NAVARRE, FL 32566

**Current Mailing Address:**

8123 NAVARRE PARKWAY  
NAVARRE, FL 32566

**FEI Number:** 45-2519023

**Certificate of Status Desired:** No

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

WILBANKS, STEPHANIE  
8123 NAVARRE PARKWAY  
NAVARRE, FL 32566 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            MGMR  
Name            WILBANKS, STEPHANIE  
Address        8123 NAVARRE PARKWAY  
City-State-Zip: NAVARRE FL 32566

*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:** STEPHANIE WILBANKS

MGMR

03/13/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date