

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000083454

**Entity Name:** EMERALD COAST MEDICAL SUPPLIES LLC.

**Current Principal Place of Business:**

48 BALD EAGLE DRIVE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

48 BALD EAGLE DRIVE  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 46-2958587

**Certificate of Status Desired:** No

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

FOSTER, TARA  
48 BALD EAGLE DRIVE  
SANTA ROSA BEACH, FL 32459 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 MGRM  
Name FOSTER, TARA  
Address 48 BALD EAGLE DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** TARA FOSTER

MGRM

01/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date