Title PRESIDENT Title MANAGER

Name	GALL, KIM Y	Name	GALL, THOMAS R
Address	2470 FLAT STONE DRIVE	Address	2470 FLAT STONE DRIVE
City-State-Zip:	CUMMING GA 30041	City-State-Zip:	CUMMING GA 30041
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	GALL, KATHERINE S	Name	GALL, NATALIE Q
Address	2470 FLAT STONE DRIVE	Address	2470 FLAT STONE DRIVE
City-State-Zip:	CUMMING GA 30041	City-State-Zip:	CUMMING GA 30041

DOCUMENT# L13000106185 Entity Name: EMERALD ISLE 1101 LLC

Current Principal Place of Business:

802 SUMMIT CROSSING WAY MAILBOX 62 CUMMING, GA 30041

Current Mailing Address:

2470 FLAT STONE DR CUMMING, GA 30041 US

FEI Number: 47-6847267

Name and Address of Current Registered Agent:

GALL, THOMAS R 22 VIA DE LUNA UNIT 1101 PENSACOLA BEACH, FL 32561 US FILED Jan 13, 2019 Secretary of State 0618167279CC

Certificate of Status Desired: No

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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Address City-State-Zip:	2470 FLAT STONE DRIVE CUMMING GA 30041	Address City-State-Zip:	2470 FLAT STONE DRIVE CUMMING GA 30041

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: THOMAS R GALL

MANAGER

01/13/2019

Date

Electronic Signature of Signing Authorized Person(s) Detail