

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000047934

**Entity Name:** EMERALD COAST DESIGNS USA, LLC

**Current Principal Place of Business:**

1A 9TH AVENUE  
SHALIMAR, FL 32579

**Current Mailing Address:**

P.O. BOX 1451  
NICEVILLE, FL 32588

**FEI Number:** 46-5257899

**Certificate of Status Desired:** No

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

CLINES, MELISSA  
128 PATTI COVE  
NICEVILLE, FL 32578 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            AMBR  
Name            KRIDER, TERRI  
Address        128 PATTI COVE  
City-State-Zip: NICEVILLE FL 32578

Title            AMBR  
Name            CLINES, MELISSA  
Address        1A 9TH AVENUE  
City-State-Zip: SHALIMAR FL 32579

*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:** TERRI KRIDER

AMBR

04/15/2015

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

\_\_\_\_\_ Date