

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000255376

**Entity Name:** EMERALD COAST MEDICAL TRAINING LLC

**Current Principal Place of Business:**

224 EAST GARDEN STREET  
UNIT 249  
PENSACOLA, FL 32502

**Current Mailing Address:**

224 EAST GARDEN STREET  
UNIT 249  
PENSACOLA, FL 32502

**FEI Number:** 20-0043025

**Certificate of Status Desired:** Yes

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

SMITH, DAVID W  
224 EAST GARDEN STREET  
UNIT 249  
PENSACOLA, FL 32502 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            OWNER  
Name            SMITH, DAVID  
Address        224 EAST GARDEN STREET  
                  UNIT 249  
City-State-Zip: PENSACOLA FL 32502

*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:** DAVID WAYNE SMITH

**OWNER**

**04/30/2021**

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

\_\_\_\_\_  
Date