

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000466113

**Entity Name:** COASTAL POOLS OF THE EMERALD COAST LLC

**Current Principal Place of Business:**

5081 OKALOOSA LANE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

P.O. BOX 5081  
NICEVILLE, FL 32578 US

**FEI Number:** 87-3434189

**Certificate of Status Desired:** No

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

THE HUDSON-PEDEN CPA GROUP PLLC  
1400 30TH ST  
SUITE B  
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 MGMR  
Name HARLESS, TIMOTHY A  
Address P.O. BOX 5081  
City-State-Zip: NICEVILLE FL 32578

Title MGMR  
Name WALKER JR, BILLY R  
Address 5081 OKALOOSA LN.  
City-State-Zip: CRESTVIEW FL 32539

*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:** TIMOTHY A HARLESS

**MANAGING MEMBER**

**01/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date