

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000279607

Entity Name: EMERALD COAST VACATION RENTALS & SALES, LLC

Current Principal Place of Business:

12273 EMERALD COAST PARKWAY
SUITE 110
MIRAMAR BEACH, FL 32550

Current Mailing Address:

12273 EMERALD COAST PARKWAY
SUITE 110
MIRAMAR BEACH, FL 32550 US

FEI Number: 47-4843187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MANAGER	Title	MANAGER
Name	BLUEWATER TRADERS	Name	OLIN, RYAN
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	OLIN, JACOBIE	Name	LBC CREDIT PARTNERS
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	LIGHTBAY INVESTMENT PARTNERS	Name	HUNTER, TAD
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	MIKLAVIC, MIKE	Name	BRENNAN, WILLIAM
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959

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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 REED

AUTHORIZED PERSON

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name DWYER, JAKOB
Address 5301 S CROATAN HWY
 P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959