

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000521848

**Entity Name:** EMERALD COAST MEDICAL TRANSPORT SERVICES, LLC

**Current Principal Place of Business:**

1817 WHITE WESTERN LAKE LANE  
SOUTHPORT, FL 32409

**Current Mailing Address:**

1817 WHITE WESTERN LAKE LANE  
SOUTHPORT, FL 32409 US

**FEI Number: 88-4412388**

**Certificate of Status Desired: No**

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

MURPHY, MICHAEL  
1817 WHITE WESTERN LAKE LANE  
SOUTHPORT, FL 32409 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	Title	AMBR
Name	MICHAEL MURPHY	Name	TIFFANY MURPHY
Address	1817 WHITE WESTERN LAKE LANE	Address	1817 WHITE WESTERN LAKE LANE
City-State-Zip:	SOUTHPORT FL 32409	City-State-Zip:	SOUTHPORT FL 32409

*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: TIFFANY MURPHY**

**AMBR**

**07/14/2023**

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

\_\_\_\_\_  
Date