

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90269 018 ****50.00

DOCUMENT # L00000000972

1. Entity Name

EMERALD COAST DELI'S, L.L.C.

Principal Place of Business

**10859 HIGHWAY 98 WEST, SUITE 105
 DESTIN FL 32541**

Mailing Address

**10859 HIGHWAY 98 WEST, SUITE 105
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

P.O. Box 6854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin, FL

Zip

Country

Zip

Country

32550

32550

4. FEI Number

59-3620099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEYER, DAVID A
 101 EAST KENNEDY BLVD.
 SUITE 2000
 TAMPA FL 33602-5133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 MCQUILLAN, WILLIAM P MANAGER
 44 WINDRIFT DR.
 DESTIN FL 32550** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 MCQUILLAN, SHANNON M MEMBER
 44 WINDRIFT DR.
 DESTIN FL 32550** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Shannon McQuillan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/02 850-650-3872

CR2E083 (9/01)