

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004926

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** EMERALD COAST TRUSS, L.L.C.

**Current Principal Place of Business:**

5817 COMMERCE ROAD  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 888  
MILTON, FL 32572

**New Mailing Address:**

**FEI Number:** 59-3711658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, CHARLES R  
5817 COMMERCE ROAD  
MILTON, FL 32583 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SMITH, CHARLES R  
**Address:** 5 LACARIBE DR.  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

**Title:** MGRM  
**Name:** SMITH, DEANNA D  
**Address:** 5 LACARIBE DR.  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** CHARLES R. SMITH

MGRM

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date