## L02000013212

2006 JUN 12 P 1: 04 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_ Certificates of Status Special Instructions to Filing Officer:

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COVER LETTER				
TO: Registration Section				
TO: Registration Section Division of Corporations    Compared to the compared				
Division of Corporations				
30H 12 P 1:	Ωı.			
SUBJECT: EMERALD ISLE DEVELOPERS, LLC TANCELOR TO SECRETARION OF THE PROPERTY	υц			
SUBJECT: EMERALD ISLE DEVELOPERS, LLC TALEARASSEE, FLORICE  (Name of Limited Liability Company)  SECRETARY OF STATE  (Name of Limited Liability Company)	E			
· COMIT	<sup>I</sup> A			
Dear Sir or Madam:				
Dogs Dit V. Managa.				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Division all accessed and a consequence this method to the following:				
Please return all correspondence concerning this matter to the following:				
C.B. HARBOUR				
(Name of Person)				
(Firm/Company)				
14506 FRONT BEACH ROAD				
(Address)				
PANAMA CITY, FL 32413				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
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C D 1/10/1 200 217 0010				
المنظم	\			
(Name of Person) (Area Code & Daytime Telephone Numb	xer)			
STREET/COURIER ADDRESS: MAILING ADDRESS:				
· · · · · · · · · · · · · · · · · · ·				
2661 Executive Center Circle Tallahassee, Florida 32314				
PANAMA CITY, FL 32413  (City/State and Zip Code)  For further information concerning this matter, please call:  CRABBO at 850 217 8918 (Name of Person)  (Area Code & Daytime Telephone Numb  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  P.O. Box 6327	ver)			

Enclosed is a check for the following amount:

X \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company eulmi	ite the fallowing statement in order	8, Florida Statutes, the undersigned li to change its registered office or regi	ttared
agent, or both, in the Sta	ite of Florida.	P.O. Box 609	LED
1. The name of the limit	ted liability company is:EMERA	ALD_ISLE DEVELOPERS	
2. The mailing address	of the limited liability company is:	P.O. Box 609	12 P 1: 01
•		P.O. Box 609  Hixson, TN 37343-LAHACSS	Υ ημ
			EE, FLORIS
5/30/2002			—
3. Date of filing/registra	ition in Florida	4. Document number	. / 65 .
5. The name of the regis Florida Department of		address as shown on the records of the	
	JACK G. WILLIAMS		
	Name 502 HARMON AVE		
	Address	····	
		401	
	City: State and Z	ip	
6. The name and address	of the new registered agent and/or	office:	
12 C St. 18 C	C B HARBOUR		
	Name 14506 FRONT BEACH	7010	
۲`۱	Florida street address (P.O. Box	<del></del>	
	•	• •	
		413	
	City, State and Zip		
confirmed that after the cand the business office o liability company, it is he of the members of the li	change or changes are made, the Flo f the registered agent will be identic ereby confirmed that the change(s)	ws of the State of Florida, it is hereby orida street address of the registered offi- cal. Or, in the case of a Florida limited was/were authorized by an affirmative v vise provided in the articles of organization	ote
(Signature of a member or author	rized representative of a member)		
100 1/10	SP 17		
(Printed or typed name of signed	DOV		
***		ree to act in this capacity. I further agreer and complete performance of my duition as registered agent as provided for ly reflect a change in the registered offinas been notified in writing of this change.	ee to lies, in ice ge.
Distal	on of Companyions B.O. Don (22)	7 Tallahaana Er 20214	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

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