

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 021 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000017932

1. Entity Name

EMERALD GARDENS, LLC



Principal Place of Business

13 WARWICK DRIVE
SHALIMAR FL 32579

Mailing Address

13 WARWICK DRIVE
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3862632

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 KILPATRICK, WILLIAM G JR.
 1201 EGLIN PARKWAY
 SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00

 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	MGR			
	CRAYN, J. LARRY	13 WARWICK DRIVE	SHALIMAR FL 32579	

10. ADDITIONS/CHANGES

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

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

Date

Telephone Number

TOTAL F.03

CHAPTER 110.02