

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-06-2003 90024 042 ****50.00

DOCUMENT # L02000021456

1. Entity Name

EMERALD COAST ALL SERVICE L.L.C.



Principal Place of Business

P.O. BOX 5286
NAVARRE FL 32566

Mailing Address

P.O. BOX 5286
NAVARRE FL 32566

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDEVITT, NEIL
2625 YELLOW PINE DR.
NAVARRE FL 32566

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Zone Manager** ☐ Delete
NAME **Neil McDevitt**
STREET ADDRESS **2625 Yellow Pine Dr.**
CITY-ST-ZIP **Navarre FL 32566**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Neil McDevitt*

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

1-24-03 550 936-0547

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

58011579

102000021486

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested EMERALD COAST ALL SERVICE		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.) 2625 YELLOW PINE DR.	
4a Mailing address (room, apt., suite no. and street, or P.O. box) P.O. Box 5286		5b City, state, and ZIP code NAVARRE, FLORIDA 32566	
4b City, state, and ZIP code NAVARRE, FLORIDA 32566		6 County and state where principal business is located SANTA ROSA COUNTY--FLORIDA	
7a Name of principal officer, general partner, grantor, owner, or trustee NEIL G McDEVITT		7b SSN, ITIN, or EIN 025-48-8493	
8a Type of entity (check only one box) <input checked="" type="checkbox"/> Sole proprietor (SSN) 025 48 8493 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶	
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) INVESTING/PROPERTY MAINTENANCE/PRESSURE WASHING <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
10 Date business started or acquired (month, day, year) AUGUST 20TH 2002		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".		Agricultural Household Other 0 0 0	
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) PROPERTY MAINTENANCE/PRESSURE WASHING		<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PROPERTY MAINTENANCE/PRESSURE WASHING			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ NEIL G McDEVITT	Applicant's telephone number (include area code) (850) 936-0547
Signature ▶ Neil G McDevitt	Applicant's fax number (include area code) ()
Date ▶ 2-03-03	