

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90075 040 ****55.00

0036173

DOCUMENT # L02000024204

1. Entity Name

EMERALD COAST FINANCIAL GROUP, LLC



Principal Place of Business

**112 MARINA DEL REY COURT NORTH
CLEARWATER FL 33762
US**

Mailing Address

**112 MARINA DEL REY COURT NORTH
CLEARWATER FL 33762
US**

30060961



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1557127

Applied For

Not Applicable

Zip **33767**

Country

Zip **33767**

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICE OF CLIFFORD J. HUNT, P.A.
3001 EXECUTIVE DRIVE
SUITE 200
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name **R. Matlock Schilleman**

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

112 Marina Del Rey

City **Clearwater Beach FL**

Zip Code **33767**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

R. Matlock Schilleman 4/24/03

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 **MGRM** ☐ Delete
NAME **SCHILLEMEN, R. MATLOCK**
STREET ADDRESS **112 MARINA DEL REY COURT NORTH**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME **SCHILLEMEN, R. MATLOCK**
STREET ADDRESS **112 MARINA DEL REY COURT NORTH**
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*

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

Date

Daytime Phone #

4/24/03 727-776-0922

CR2E083 (10/02)