

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90058 006 ****50.00

DOCUMENT # L03000054009 1. Entity Name EMERALD COAST ENGINEERING & SURVEYING, L.L.C.					
Principal Place of Business 4400 BAYOU BLVD, STE 42B PENSACOLA FL 32503			Mailing Address 4400 BAYOU BLVD, STE 42B PENSACOLA FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. Suite 42A		Suite, Apt. #, etc. Suite 42A			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0077230	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GILMORE, DAN 4400 BAYOU BLVD, STE 42B PENSACOLA FL 32503				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 signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILMORE, DAN 4400 BAYOU BLVD, STE 42B PENSACOLA FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4400 Bayou Blvd. Ste. 42A Pensacola FL 32503 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTERS, JOEL C 7604 WEST FAIRFIELD DR PENSACOLA FL 32506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUMMER, PETER M 183 MIRABELLE CIR PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	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: <u>Peter M. Kummer</u> Peter M. Kummer 6/22/04 (850) 474-0313 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					