

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000010311

1. Entity Name  
EMERALD SUN, LLC



Principal Place of Business  
912 BLAIR STREET  
HOLLIDAYSBURG, PA 16648

Mailing Address  
912 BLAIR STREET  
HOLLIDAYSBURG, PA 16648



03082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2451918

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, WILLIAM S JR.  
1884 S CO HWY 393  
SUITE 200  
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACRONE, CRAIG A 912 BLAIR STREET HOLLIDAYSBURG, PA 16648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIGLER, LYLE 7450 CO HWY 280 EAST DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000662873  
03/21/07-80030-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*A. Craig LCRONE*

A. CRAIG LCRONE

3/8/07

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

Date

Daytime Phone #