

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010311

Entity Name: EMERALD SUN, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

912 BLAIR STREET
HOLLIDAYSBURG, PA 16648

New Principal Place of Business:

Current Mailing Address:

912 BLAIR STREET
HOLLIDAYSBURG, PA 16648

New Mailing Address:

FEI Number: 20-2451918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, WILLIAM S JR.
1727 S COUNTRY HWY 393
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

HOWELL, WILLIAM S JR.
1727 S COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE:

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACRONE, CRAIG A
Address: 912 BLAIR STREET
City-St-Zip: HOLLIDAYSBURG, PA 16648

Title: MGRM () Delete
Name: SEIGLER, LYLE
Address: 7450 CO HWY 280 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LECRONE, CRAIG A
Address: 912 BLAIR STREET
City-St-Zip: HOLLIDAYSBURG, PA 16648

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 LECRONE

MGMR

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date