


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 007 ****50.00

DOCUMENT # L05000047268	
1. Entity Name EMERALD TIDE SERVICES, LLC	

Principal Place of Business 1243 AMHERST ROAD PANAMA CITY, FL 32405	Mailing Address 1243 AMHERST ROAD PANAMA CITY, FL 32405
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20041144



2. Principal Place of Business 1205 Amherst Road Suite, Apt. #, etc.	3. Mailing Address 1205 Amherst Road Suite, Apt. #, etc.
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04122006 Chg-LLC CR2E083 (11/05)

City & State PANAMA CITY, FL	City & State PANAMA CITY, FL
Zip 32405	Zip 32405
Country USA	Country USA

4. FEI Number ☐ **Applied For**
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent POWELL, TERRANCE L 1243 AMHERST ROAD PANAMA CITY, FL 32405	7. Name and Address of New Registered Agent Name POWELL, TERRANCE L. Street Address (P.O. Box Number is Not Acceptable) 1205 Amherst Rd. City PANAMA CITY FL Zip Code 32405
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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 *Terrance L. Powell* **DATE** 4/12/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, TERRANCE L 1243 AMHERST ROAD PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1205 Amherst Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Terrance L. Powell* **DATE** 4/12/06 **DAYTIME PHONE #** (850) 832-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE