

LOS 000 122335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263384091

08/19/14--01009--015 **30.00

2014 AUG 19 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL 32399

AUG 20 2014
T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EMERALD COAST SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRA J. SCOTT

Name of Person

EMERALD COAST SERVICES, LLC

Firm/Company

P.O. Box 15373

Address

Panama City, FL 32406

City/State and Zip Code

brownmaryannl@gmail.com

E-mail address: (to be used for future annual report notification)

2014 AUG 19 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Myra J. Scott

Name of Person

850 348-2698

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EMERALD COAST SERVICES, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ricky A.C. Emanuel	1710 Wilmont Avenue	<input checked="" type="checkbox"/> Add
		Panama City, Fl 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

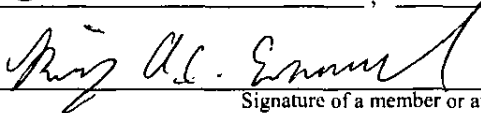
SECRETARY OF COMMERCE
 2014 AUG 19 PM 3:44
 WILMONT, FL 32405

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 13, 2014



Signature of a member or authorized representative of a member

RICKY A.C. EMANUEL

Typed or printed name of signee

2014 AUG 19 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA