

LO6000000452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Asset Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen B. Shell

Name of Person

Shell Fleming Davis & Menge

Firm/Company

Post Office Box 1831

Address

Pensacola, FL 32591-1831

City/State and Zip Code

sshell@shellfleming.com

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

For further information concerning this matter, please call:

Stephen B. Shell

Name of Person

850

Area Code

434-2411

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Emerald Coast Asset Management, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000000452

THIRD: The street address of the limited liability company's principal office is:

6000 PENSACOLA BOULEVARD

Pensacola, FL 32505

The mailing address of the limited liability company's principal office is:

6000 PENSACOLA BOULEVARD

Pensacola, FL 32505

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Harold A. Turner

Kimberly Turner

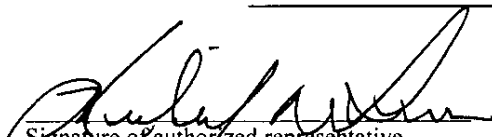
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Harold A. Turner

Kimberly Turner

b. No authority granted to: _____


Signature of authorized representative

Kimberly Turner

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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