

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009087

FILED
Jan 30, 2009
Secretary of State

Entity Name: EMERALD COAST FARMS, LLC.

Current Principal Place of Business:

1301 SOUNDVIEW TRAIL
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1301 SOUNDVIEW TRAIL
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-8299009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS & SANDFORT ACCOUNTANTS PA
1301 W GARDEN ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BASS & SANDFORT ACCOUNTANTS PA
1301 W GARDEN ST
PENSACOLA, FL 32502 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:

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOONAN, ANTONIA
Address: 1301 SOUNDVIEW TRAIL
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: RENFROE, BEN
Address: 1301 SOUNDVIEW TRAIL
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: RENFROE, ROBIN
Address: 1301 SOUNDVIEW TRAIL
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: CARTER, DANIEL
Address: 1301 SOUNDVIEW TRAIL
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

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

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

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

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: ANTONIA NOONAN

MGRM

01/30/2009

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