

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046713

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** EMERALD COAST MARKETING SPECIALTIES LLC

**Current Principal Place of Business:**

746 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

886 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

746 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

886 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, WILLIAM R  
101 NICOLE LANE  
PONCE DE LEON, FL 32455 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NELSON, WILLIAM R  
Address: 101 NICOLE LANE  
City-St-Zip: PONCE DE LEON, FL 32455

**ADDITIONS/CHANGES:**

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: ROBERT NELSON

MGRM

04/30/2008

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