

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048324

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** EMERALD COAST HOME OPTIONS, LLC

**Current Principal Place of Business:**

316 TIPPERARY WAY  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

316 TIPPERARY WAY  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 26-3432764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHLADENHAUFFEN, ELIZABETH  
316 TIPPERARY WAY  
NICEVILLE, FL 32578 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  
**Name:** BENJAMIN G. SCHLADENHAUFFEN  
**Address:** 316 TIPPERARY WAY  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** MGR  
**Name:** WISE, RICHARD  
**Address:** 316 TIPPERARY WAY  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** MGR  
**Name:** SCHLADENHAUFFEN, B. CAMERON  
**Address:** 316 TIPPERARY WAY  
**City-St-Zip:** NICEVILLE, FL 32578 US

I hereby 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:** BEN SCHLADENHAUFFEN

MGRM

01/20/2012

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