

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060482

FILED
Mar 23, 2009
Secretary of State

Entity Name: EMERALD COAST BLIND AMBITIONS, LLC

Current Principal Place of Business:

2117 MOUND AVE
PANAMA CITY, FL 32444 FL

New Principal Place of Business:

2117 MOUND AVE
PANAMA CITY, FL 32405 FL

Current Mailing Address:

2117 MOUND AVE
PANAMA CITY, FL 32444 FL

New Mailing Address:

2117 MOUND AVE
PANAMA CITY, FL 32405 FL

FEI Number: 26-2870324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPROATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WILSON, PATRICIA
2117 MOUND AVENUE
PANAMA CITY, FL 32405 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: PATRICIA WILSON

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, PAT
Address: 2117 MOUND AVE
City-St-Zip: PANAMA CITY, FL 32444 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, PATRICIA
Address: 2117 MOUND AVE
City-St-Zip: PANAMA CITY, FL 32405 US

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: PATRICIA WILSON

MGR

03/23/2009

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