

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127372

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** EMERALD COAST IT SOLUTIONS LLC

**Current Principal Place of Business:**

7139 N. 9TH AVE  
STE C  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1216  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 45-3768194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LENOIR, JUNE C  
726 EGLIN PARKWAY NE  
D1  
FORT WALTON BEACH, FL 32547 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: LENOIR, JUNE C  
Address: PO BOX 1216  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM  
Name: MOBLEY, RICHARD D  
Address: PO BOX 1216  
City-St-Zip: SHALIMAR, FL 32579

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: JUNE LENOIR

MS.

04/16/2012

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