

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008926

Entity Name: EMERALD COAST DIVERSIFIED - DESTIN, L.L.C.**Current Principal Place of Business:**1034 MAR WALT DR
STE 310
FORT WALTON BEACH, FL 32547**Current Mailing Address:**1034 MAR WALT DR
STE 310
FORT WALTON BEACH, FL 32547**FEI Number:** 56-2321622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACEY, THEODORE IMD
1034 MAR WALT DR
STE 310
FORT WALTON BEACH, FL 32547 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title D
Name MARSHALL, WILIAM RMD
Address 1034 MAR WALT DR STE 310
City-State-Zip: FORT WALTON BEACH FL 32547

Title VP
Name TENHOLDER, MARK J
Address 1034 MAR WALT DR STE 310
City-State-Zip: FORT WALTON BEACH FL 32547

Title S
Name MACEY, THEODORE IMD
Address 1034 MAR WALT DR STE 310
City-State-Zip: FORT WALTON BEACH FL 32547

Title PRESIDENT
Name THACKERAY, JASON WMD
Address 1034 MAR WALT DR STE 310
City-State-Zip: FORT WALTON BEACH FL 32547

Title MGRM
Name WATT, JOHN F
Address 1034 MAR WALT DR STE 310
City-State-Zip: FORT WALTON BEACH FL 32547

Title TREASURER
Name FUSCO, THOMAS A
Address 1034 MAR WALT DR STE 310
City-State-Zip: FORT WALTON BEACH FL 32547

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON W THACKERAY**OFFICER****02/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date