

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000133517

Entity Name: EMERALD COAST RECOVERY, LLC

Current Principal Place of Business:

4635 GULFSTARR DRIVE
SUITE 100
DESTIN , FL 32541

Current Mailing Address:

4635 GULFSTARR DRIVE
SUITE 100
DESTIN , FL 32541 US

FEI Number: 46-1869016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TAMARA F
378 E BASE STREET
SUITE 106
MADISON, FL 32340 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: TAMARA WILLIAMS

03/06/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name REEVES, KELLY A
Address 4635 GULFSTARR DRIVE
SUITE 100
City-State-Zip: DESTIN FL 32541

Title AUTHORIZED MEMBER
Name REEVES, TERRANCE R
Address 4635 GULFSTARR DRIVE
SUITE 100
City-State-Zip: DESTIN FL 32541

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: KELLY REEVES

MGR

03/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date