## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000112613

Entity Name: EMERALD COAST TITLE SERVICES, LLC

**Current Principal Place of Business:** 

2050 WEST HWY 30A

SANTA ROSA BEACH, FL 32459

**Current Mailing Address:** 

2050 WEST HWY 30A

SANTA ROSA BEACH, FL 32459

FEI Number: 47-1907150 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, FRANKLIN R 304 MAGNOLIA AVENUE PANAMA CITY, FL 32401 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

FILED Apr 03, 2018

**Secretary of State** 

CC0904916852

Authorized Person(s) Detail:

Title MGR Title MGR

NameHARRISON, FRANKLIN RNameSALE, DOUGLAS JAddressP.O. DRAWER 1579AddressP.O. DRAWER 1579

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

Title MGR Title MGR

NameMCCLOY, DIXON ROSS JR.NameMONIZ, DION JAddressP.O. DRAWER 1579AddressP.O. DRAWER 1579City-State-Zip:PANAMA CITY FL 32401City-State-Zip:PANAMA CITY FL 32401

Title MGR Title MGR

Name JACKSON, ROBERT C Name OBOS, KEVIN

Address P.O. DRAWER 1579 Address P.O. DRAWER 1579

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

Title MGR Title MGR

Name MYERS, AMY Name BENINATE, NICK

Address P.O. DRAWER 1579 Address P.O. DRAWER 1579

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

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: DOUGLAS J. SALE MANAGER 04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date