2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2016
Secretary of State
CC8190989373

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: APPLIED FOR

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

Authorized Person(s) Detail :

Title	MGR
Name	HARRISON, FRANKLIN R
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	MCCLOY, DIXON ROSS JR.
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	JACKSON, ROBERT C
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	MYERS, AMY
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	SALE, DOUGLAS J
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	MONIZ, DION J
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	OBOS, KEVIN
Address	P.O. DRAWER 1579
City-State-Zip:	PANAMA CITY FL 32401

Title	MGR
Name	BENINATE, NICK
Address	P.O. DRAWER 1579
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: FRANKLIN R. HARRISON MANAGER 04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date