	0.1/00/0000	
that my name appears above, or on an attachment with all other like empowered.		
I hereby certify that the information indicated on this report or supplemental report is true and accurate an oath; that I am a managing member or manager of the limited liability company or the receiver or trustee		

SIGNATURE: PAUL STRIDE

Electronic Signature of Signing Authorized Person(s) Detail

Title Title MGR MGR Name STRIDE, PAUL A Name CAVE, EUGENE K Address 114 PAMELA ANN DR. Address 14 MARINERS LANE City-State-Zip: MARY ESTHER FL 32569 City-State-Zip: FORT WALTON BEACH FL 32547

SIGNATURE:

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.

114 PAMELA ANN DRIVE FORT WALTON BEACH. FL 32547

Current Mailing Address:

DOCUMENT# L21000454590

114 PAMELA ANN DRIVE FORT WALTON BEACH. FL 32547 US

Current Principal Place of Business:

FEI Number: 88-1636230

Name and Address of Current Registered Agent:

STRIDE, PAUL A 114 PAMELA ANN DRIVE FORT WALTON BEACH, FL 32547 US

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: EMERALD COAST RECREATIONAL RENTALS LLC

MANAGER

04/06/2022

Date

FILED Apr 06, 2022 Secretary of State 6988544120CC

Certificate of Status Desired: No

Date