

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006613

**Entity Name:** EMPIRE PARTNERS, L.L.C.

**Current Principal Place of Business:**

226 S. PALAFOX PLACE  
11TH FLOOR  
PENSACOLA, FL 32502

**Current Mailing Address:**

P.O. BOX 710  
PENSACOLA, FL 32591

**FEI Number:** 59-3604691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REYNOLDS, TRACY A  
226 S. PALAFOX PLACE  
11TH FLOOR  
PENSACOLA, FL 32502 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                                | Title           | MGR                                |
| Name            | MERRILL, WILLIS CIII               | Name            | MERRILL, BURNEY H                  |
| Address         | 226 S. PALAFOX PLACE<br>11TH FLOOR | Address         | 226 S. PALAFOX PLACE<br>11TH FLOOR |
| City-State-Zip: | PENSACOLA FL 32502                 | City-State-Zip: | PENSACOLA FL 32502                 |
|                 |                                    |                 |                                    |
| Title           | MGR                                |                 |                                    |
| Name            | MERRILL, J. COLLIER                |                 |                                    |
| Address         | 226 S. PALAFOX PLACE<br>11TH FLOOR |                 |                                    |
| City-State-Zip: | PENSACOLA FL 32502                 |                 |                                    |

*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:** MERRILL, J. COLLIER

**MEMBER**

**04/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date