L19000 248246

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COVER LETTER

Division of Corporations
SUBJECT: Emergency and Debris Management LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
(Contact Person)
Emergency and Dobris Management LLC
2404 Crews Lake Hills Loop No.
Lake land FL 33813 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (863) 944-1423 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Elorida Department of State for:
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	nergency and Debris Management LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1960	0248246
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4.1. <u>Xarrell</u>	. hereby withdraw/resign as a ame of Person Resigning)
Mar	CIGER (Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Gal	hi
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)