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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
EMERALD PLACE, LLC**

Certificate of Status	0
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SEP 29 2015

S MASON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerald Place, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

*The enclosed Statement of Termination and fee(s) are submitted for filing.*

Please return all correspondence concerning this matter to the following:

Asnardo Garro, Esq.

\_\_\_\_\_  
Name of Person

Avila Rodriguez Hernandez Mena & Ferri LLP

\_\_\_\_\_  
Firm/Company

2525 Ponce de Leon Blvd, Suite 1225

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City/State and Zip Code

agarro@arhmf.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Asnardo Garro, Esq.

\_\_\_\_\_  
Name of Person

at ( 305 ) 779-3573

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

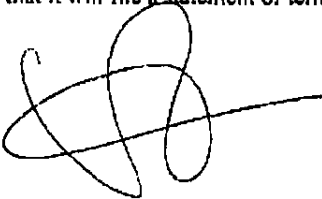
**FIRST:** The name of the limited liability company is: Emerald Place, LLC

**SECOND:** The Florida Document number of the limited liability company is: L06000042829

**THIRD:** The date of filing of the initial articles of organization is: 04/24/2006

**FOURTH:** The date of filing of the dissolution is: 06/20/2015

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



\_\_\_\_\_  
Signature of Authorized Representative

VP of Managing Member, Habitat USA Corp

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2F141 (2/14)

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