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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Emerald City, LLC		
(Name of Limited Liability	Company)	
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter	10:	
Kipp Whaley		
(Contact Person)		
Emerald City, LLC		
(Firm/Company)	 -	
1225 Tamiami Trail B20	_	
(Address)		
Port Charlotte, FL 33953		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Kipp Whaley 941	457-7077	
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Fil	a Department of State for: ing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

The name of the limited liability company as it appears on the records of the of State is: Emerald City, LLC	Florida Department
2. The Florida document/registration number assigned to this limited liability of L01000019406	ompany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is 4. I, Andres Benitez (Print Name of Person Resigning), hereby withdraw/resign as	
Vice President/Member (Print Title)	SEE THE PERSON OF THE PERSON O
of this limited liability company and affirm the limited liability company has leader resignation in writing.	been gotified af my
signature of Dissociating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)