L07000018796

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J. BRYAN

JAN -5 2012

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Emerald Coa	ast Management Service, LLC	
Name of L	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Peter Boros		
Name of Person		
Firm/Company	2012 JAN -3 SECRETARY TALLAHASSE	7
5281 Baywater Drive	HASS 1	_
Address	TARY OF STATE LORIDA	TILLO
Tampa, Florida 33615	OR OR	•
City/State and Zip Code	DE 6	
peterboros01@yahoo.com		
E-mail address: (to be used for future annual report no	notification)	
For further information concerning this matte	ter, please call:	
Peter Boros	at (727) 748-9268	
Name of Person	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	
Enclosed is a check for the followin	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as erald Coast Management		of the Florid	a Dep	artmen 	
2. This limited liab	oility company was organized	d under the laws of:				
3. The Florida doc L070000187	ument/registration number o	f this limited liability com	pany is:			
4 I Andrey Shav	Andrey Shavkun , hereby resign as a manager (Print Name of Person Resigning) (Print Title)					
(Print Name of Person Resigning)		, nereby resign as a _	(Print Title)			
	bility company and affirm th			otified	l of my	
	1/2-	-	4	~ 1		
Signature of Res	igning Member, Managing N	Member or Manager	SECRETAI ALLAHAS	2012 JAN -	7	
_	\$25.00 (Required) \$30.00 (Optional)		RY OF STATE SEE, FLORID	-3 PM 3:40	ED	