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COVER LETTER

TO: Registration Section **Division of Corporations** Emerald Coast League of Extraordinary Gentlemen, 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: Jeremy Pitt (Contact Person) Emerald Coast League of Extraordinary Gentlemen, L (Firm/Company) 701 Pier Park Drive, Suite 155 (Address) Panama City Beach, Florida 32413 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 258-5222 (Area Code & Daytime Telephone Number) Jeremy Pitt (Name of Contact Person) Encrosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	of the limited liability company as it Emerald Coast League of Extract	appears on the records of the Florida Department ordinary Gentlemen, LLC
2. The Florid	~	gned to this limited liability company is:
	amily Irrevocable Trust	ned or will withdraw/resign is:
(Manage	(Print Name of Person Resigning)	
	(Print Title)	
	ted liability company and affirm the lain writing.	imited liability company has been notified of my
Am	ahl Tustee	
Signature	of Dissociating Member or Resignia	ng Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)