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A C. ...

## **COVER LETTER**

SUBJECT: Emerald Coast League of Extraordings Continued LC (Name of Linited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Trm Jacobi  (Contact Person)  Enerald Coast League of Extraordinary Crutterneh  (Firm/Company)  Tol Pier Park Drive, Site 155  PC BCh, FL 32413  (City/State and Zip Code)  For further information concerning this matter, please call:  Trm Jacobi  (Name of Contact Person)  at (850), 896-7675  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$255 Filing Fee CK # 2172	Division of Corporations
Please return all correspondence concerning this matter to:  Trm Jacob;  (Contact Person)  Enerald Coast League of Extraordinary Graffence (Firm/Company)  101 Piper Park Drive, Sure 155  PC BCh, FL 32413  (City/State and Zip Code)  For further information concerning this matter, please call:  11 Jacob; (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$555 Filling Fee & Certified Copy	SUBJECT: Emerald Coast League of Extraor Conyany Frontlemen LLC (Name of Limited Liability Company)
Trm Jacob;  (Contact Person)  Extended Coust League of Extraordnary Cruttemen  (Firm/Company)  PC BCh, FL 32413  (City/State and Zip Code)  For further information concerning this matter, please call:  Tim Jacob;  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$555 Filling Fee & Certified Copy	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Friend Coast League of Extraordinary Grutlemen  Tol Pier Park Drive, Site 155  PC Bch, FL 32413  (City/State and Zip Code)  For further information concerning this matter, please call:  The Jacobi at 850, 896-7675  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  \$255 Filing Fee & Certified Copy	Please return all correspondence concerning this matter to:
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For further information concerning this matter, please call:  The State and Zip Code:  Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy	701 Pier Park Drive, Suite 155
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\$\frac{\dagger}{2}\$\$\$ \$25 Filing Fee & Certified Copy	Tim Jacobi at (850) 896-7675  (Name of Contact Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327	·
2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301

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: Emerald Coast League of Extraordinary Gentlemen LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L0700050847
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I. Thomas K. Bolton, hereby withdraw/resign as a (Print Name of Person Resigning), hereby withdraw/resign as a
MGR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)