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## **COVER LETTER**

Amendment Section
Division of Corporations

TO:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: EMERALD BREEZE RESORT GROUP, LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L09000099966</u>
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tiffany Roth Name of Person
Name of Person
National Corporate Research, Ltd.
Name of Firm/Company
615 S Dupont Hwy Address
Audicos
Dover, DE 19901  City/State and Zip Code
City/State and Zip Code
statrep@nationalcorp.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
tor turtuer information concerning this matter, please can:
Tiffany Roth at ( 866 ) 621-3524  Name of Person Area Code & Daytime Telephone Number
Name of reison Area code & Daytime receptione Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida Statutes, the undersigned	,
National	Corporate Research, Ltd. , hereby resigns as	
1 Tational	Name of Registered Agent, Etc., hereby resigns as	
Registered Agent for	EMERALD BREEZE RESORT GROUP, LLC	
	Name of Limited Liability Company	,
L090000	099966	
Document Num	ber, if known	
	was mailed to the above listed limited liability company at its last k and the office discontinued on the 31st day after the date on which t	
-	A. Signature of Resigning Agent	
If signing on behalf of an	entity;	
	Andrew Lundgren	
-	Typed or Printed Name	7 Tes
-	V.P., National Corporate Research, Ltd.  Capacity	**************************************

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**FILING FEES:** 

\$ 85.00 \$ 25.00