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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Emerald Coast Processing, 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:
Jeverny Adams (Contact Person)
Emerald Coast Processing, UC (Firm/Company)
36474C Emerald Coast Parkway Suite 3202 (Address)
Desthy, Fy 30541 (City/State and Zip Code)
For further information concerning this matter, please call:
Tevery Adams at (850) 232-6446 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{ \$\text{25 Filing Fee} } & \text{ \$\text{Certified Copy} } \end{align*}
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)

SELVETARY OF STATE



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 Processing, UC	nt
2. The Florida document/registration number assigned to this limited liability company is:	
L11000016066	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/15/2016	
4. I, Ally Manager Adams, hereby withdraw/resign as a (Print Name of Person Resigning)	
Director, HR (Print Title)	 9
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	SECRETARY OF STATE ALLAHASSEE, FLORIDA

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)