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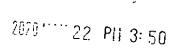
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Emerald Coast Coatings (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:
Travis Glaze (Contact Person)
Emerald Coast Coatings (Firm/Company)
705 Anchors St
Fort Waldon Beach FL 32548 (City/State and Zip Code)
For further information concerning this matter, please call:
Travic Glaze at (850), 502-3550 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\omega\$ \$\sum \\$\sum \\\ \sum \\
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





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: $\frac{Eme vald}{(0.95+0.95+0.095+$	i
2. The Florida document/registration number assigned to this limited liability company is:	
4/2000/29021	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 22, 2024 4. I. Kejin Hephner., hereby withdraw/resign as a (Print Name of Person Resigning)) C
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	,
Ken Hephien_	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	