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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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O SIMMONS APR 1 1 2018

COVER LETTER

-	stration Section sion of Corporations				
SUBJECT:	GHC-EME, L.L.C.				
	(Name of	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis-	sociation and fee(s	are submitted for filing.		
Please return	all correspondence concern	ing this matter to:			
JJ GULLET	ГТ				
	(Contact Person)		-		
	(Firm/Company)		-		
401 SAINT	JOHNS AVENUE				
	(Address)		_		
PALATKA.	FL 32177				
	(City/State and Zip Code)		-		
For further in	nformation concerning this n	natter, please call:			
JJ GULLET	-T	386	328-5106		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple □ \$25 Filing	ase find a check made payab g Fee		Department of State for: Fee & Certified Copy		
STREET/CO	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section		
Division of C	Corporations		Division of Corporations		
Clifton Build	-		P.O. Box 6327		
	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



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	e limited liability company as it appears on the records of the Florida Department
of State is:	HC-EME, L.L.C.
2. The Florida do L130001242	cument/registration number assigned to this limited liability company is:
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is: 23 SEPT 2016
4. I. AMY J. GU	LLETT, hereby withdraw/resign as a Name of Person Resigning)
MANAGER	
	(Prim Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my criting.
_UNE	LLU
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)