## 4000103003

(Re	equestor's Name)	
(Ac	idress)	
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C. BRUMBLEY

## **COVER LETTER**

Division of Corporations		
EMERALD FACILITY MANAG. SUBJECT:	EMENT, LLC	
	imited Liability Co	ompany)
The enclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	o:
KARAN S. NAYEE, ESQ.		
(Contact Person)		_
(Firm/Company)		
503 E. JACKSON ST. STE. 222		
(Address)		
TAMPA, FL 33602		
(City/State and Zip Code)		<del></del>
For further information concerning this ma	atter, please cal	1:
KARAN S. NAYEE, ESQ.	813 at (	810-0510
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payabl ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 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: EMERALD FACILITY MANAGEMEN	VT, LLC
2. The Florida document/registration number as	signed to this limited liability company is:
L14000103003	
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I. FERGUS SHERIDAN	, hereby withdraw/resign as a
4. I, (Print Name of Person Resigning)	2
BUSINESS DEVELOPMENT MANAGER	7216
(Print Title)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	e limited liability company has been notified of my
resignation in writing.	$\mathbb{R}^{n}$
Lew I Therd	D
Signature of Dissociating Member or Resign	ning Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	