

L14000171384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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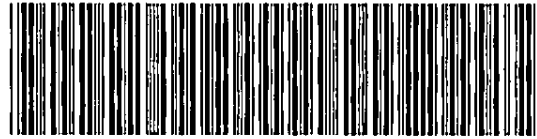
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. WHITE
JUN 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Management Consulting and Innovation, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000171334

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm Company

9900 Spectrum Dr.

Address

Austin, TX 73717

City, State and Zip Code

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kassandra Lund

1-800-773-0888 x3951

Name of Person

Area Code Daytime Telephone 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\$85.00 for an active Limited Liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Union Building
266 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01, Florida Statutes, I, the undersigned,

United States Corporation Agents, Inc.

do hereby resign as

Name of Registered Agent

Registered Agent for Emerald Coast Management Consulting and Innovation, LLC

Name of Limited Liability Company

L14000171384

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office is discontinued on the 3rd day after the date on which this statement is filed.



Name of Registered Agent

If signing on behalf of an entity:

Cheyenne Meseley

Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administrative, dissolved, voluntarily dissolved,
withdrawn limited liability company

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

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FPM - 50, FLD