

L15000000255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800287514388

07/06/16--01019--011 \*\*55.00

FILED  
2016 JUL -6 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL -7

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMERGE, 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:

WILLIAM H BOSWELL  
(Contact Person)

EMERGE, LLC  
(Firm/Company)

16629 79<sup>th</sup> AVEN.  
(Address)

PALM BEACH GARDENS, FL 33410  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM H BOSWELL at ( 561 ) 309-8978  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2016 JUL -6 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: EMERGE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
~~FEI/EIN # 47-27-20969~~ L1500000255

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/2016

4. I, WILLIAM H BOSWELL, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

PART OWNER/INVESTOR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

William H Boswell  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)