L15000 155 816

(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



700333491957

08/22/19--01009--012 **25.00

2019 AUG 22 PH 3: 56

SULKER
Aug 3 0 2019

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Emerald Coast Property Services of PCB, LLC SUBJECT: (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: Jimmie H. Hall, Jr. (Contact Person) **Emerald Coast Property Services of PCB** (Firm/Company) 3711 Treasure Circle (Address) Panama City Beach< FL 32408 (City/State and Zip Code) For further information concerning this matter, please call: Jimmie Hall (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: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

F	the limited liability company as it merald Coast Property Service	e of PCR LLC	e Florida Department	
	ocument/registration number assi	gned to this limited liability of	company is:	
L15000155	816			
3. The date this	member/manager withdrew/resign	 ned or will withdraw/resign is	s:	
4. I,	all, Jr.	, hereby withdraw/resign as a		
(Pri	nt Name of Person Resigning)			
manager			2019 FAIT	
	(Print Title)		2019 AUG	
of this limited resignation in	liability company and affirm the l	imited liability company has	been notified of my	
Q_{ℓ}	imm Hall).		PH 33 86	
Signature of	Dissociating Member of Resigning	ng Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy: \$30.00 (Optional)