L 18000091452

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, ,
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE

74458 5010

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Emerald Coast Home Service L. L. C. (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:

Jessica Terylor
(Contact Person)

Emerald Coast Home Servicez L.L.C. (Firm/Company)

154 Stevent Lake Cove. un. 4 175
(Address)

Miromor Beach FL. 32550 (City/State and Zip Code)

For further information concerning this matter, please call:

Toylor at (850) 502-9646

(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 & 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

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	limited liab	oility company	as it appea	rs on the records of	the Florida Department
of State is: E m	rerald	Coast	Home	Servicez	4.4.6
2. The Florida doc	ument/regis	tration numbe	r assigned t	o this limited liabilit	ty company is:
32-50	40101	, 7	·		
3. The date this me	mber/mana	ger withdrew/	resigned or	will withdraw/resig	n is: <u>1-18-19</u>
4. I, Samuel (Print N	1a Bo Jame of Perso	y ley n Resigning)	, he	ereby withdraw/resig	gn as a
Mana	Print Title)		_•		
of this limited lia resignation in wr		any and affirm	n the limited	l liability company h	nas been notified of my
Signature of Di	Sociating I	Member of Re	signing Ma	nager	
Signature of Di					
Filing Fee:	\$25.00	(Required)			

Certified Copy:

\$30.00 (Optional)