## 420000057215

(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:		



900366439809

900366439809 05/10/21--01019--004 \*\*25.00

2021 HAY 10 PM 12: 0.3

Office Use Only

JUN 1 0 2021 R. HUNT



<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: EMerge Transcription (Name of L	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Tanse Ferelon (Contact Person)	05/10/2101019004 **25.00
(Firm/Company)	
1915 18th Street	NW #A
Winter House Fi (City/State and Zip Code)	33881
For further information concerning this ma	atter, please call:
TWISE FENELON (Name of Contact Person)	at (Slo3), 440 0829 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy  Sent  ON 5.10
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

CR2E079 (2/14)

Tallahassee, FL 32314





## 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: Emerge Tran Sport, UC.
2. The Florida document/registration number assigned to this limited liability company is:
L20000057215_
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5\\ \frac{10\2021}{2021}
4. 1. Tanse Fere on hereby withdraw/resign as a (Print Name of Person Resigning)
Authorized person (AP)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)