

| | | 1 |
|------------------------------|-------------------------|------|
| (Reque | estor's Name) | |
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phor | e #) |
| PICK-UP | WAIT | MAIL |
| | ess Entity Na | |
| (Docur Certified Copies | nent Number Certificate | |
| Special Instructions to Fili | ng Officer: | |
| | | |
| | Office Use O | nly |



10/17/22--01027--023 **25.00



| COVER | R LETTEF | ₹ , |
|---|------------------|---|
| TO: Registration Section Division of Corporations | | 1 |
| SUBJECT: Emerald Isle Electric LLC | | |
| (Name of Limi | ited Liability C | ompany) |
| The enclosed member, resignation or dissocia | ation and fee | (s) are submitted for filing. |
| Please return all correspondence concerning | this matter to | o: |
| Ena Pierce | | |
| (Contact Person) | | _ |
| | | |
| Firm/Company) | | |
| 1642 SE 7th St | | |
| (Address) | | |
| Deerfield Beach, Fl. 33441 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matte | er, please call | l: |
| Padraic Buckley | 561 at (| 303-5475 |
| (Name of Contact Person) | (Area Coc | de & Daytime Telephone Number) |
| Enclosed please find a check made payable to S25 Filing Fee | | Department of State for: ng Fee & Certified Copy |
| Mailing Address: | | Street Address: |
| Registration Section Division of Corporations | | Registration Section Division of Corporations |
| P.O. Box 6327 | | The Centre of Tallahassee |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| CR2E079 (2/14) | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2022 OCT 17 AM 10: 14

THE SHASSEL FL

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the li | mited liability company as it appears on the records of the Florida Department |
|---|--|
| of State is: | Isle Electric LLC |
| 2. The Florida docum | nent/registration number assigned to this limited liability company is: |
| 3. The date this mem | ber/manager withdrew/resigned or will withdraw/resign is: |
| 4. I, Edward Medoff | , hereby withdraw/resign as a ne of Person Resigning) |
| MGR | t by I Crown Resigning) |
| (P. | rint Title) |
| of this limited liabi resignation in writi | lify company and affirm the limited liability company has been notified of my |
| Edd mell | |
| Signature of Diss | ociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |
| | |

CR2E079 (2/14)