

L21000488025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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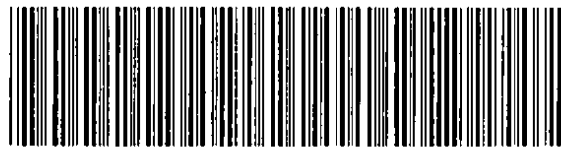
(Business Entity Name)

(Document Number)

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S. CHATHAM  
AUG 24 2023

2023 JUL 27 PM 4:28

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerald Coast Tileworks LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000488025

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRITTNEY FULGHUM

Name of Person

LEGALCORP SOLUTIONS, LLC

Name of Firm/Company

3 GREENWAY PLAZA STE 1320

Address

HOUSTON, TX 77046

City/State and Zip Code

brianprater117@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRITTNEY FULGHUM

Name of Person

at ( 888 ) 534-3018

Area Code

Daytime Telephone Number

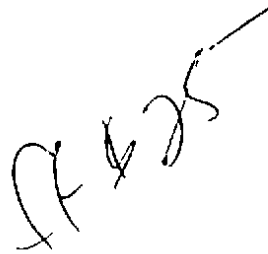
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LEGALCORP SOLUTIONS, LLC

hereby resigns as

Name of Registered Agent

Registered Agent for Emerald Coast Tileworks LLC

Name of Limited Liability Company

121000488025

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

TRAVIS CRABTREE

Typed or Printed Name

MEMBER

Capacity

2023 JUN 27 PM 4:28

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314