## LZ4000324836

(Requestor's Name)		
(Address)		
(Addiess)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
, <del></del> , -		
#3.2. DB		





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08/12/24--01019--017 ++25.00

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: EMERALD LAND MANAGEMI	ENT LLC
	Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Venkateswarlu Vadlamudi	
(Contact Person)	
EMERALD LAND MANAGEMENT LLC	
(Firm/Company)	<del></del>
10774 Santa Rosa Drive	
(Address)	
Boca Raton, FL 33498	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Venkateswarlu Vadlamudi	954 558-6255 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address;
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

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	e limited liability company a	s it appears on the records of the Florida Department
of State is: EME	ERALD LAND MANAGEMENT	LLC
2. The Florida doc L24000324836	cument/registration number a	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, Lakshmi Vadlar	mudi	, hereby withdraw/resign as a
	Name of Person Resigning)	
MGRM		
	(Print Title)	
of this limited lia resignation in w		he limited liability company has been notified of my
July 2	مصنال معن	
Signature of D	bissociating Member or Resignation	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Ontional)	<b>△.</b>