

L24000426047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

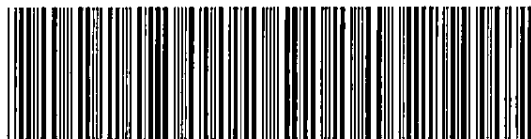
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

1/13

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Estuary Edge LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Gemmill Jr  
\_\_\_\_\_  
(Contact Person)

Estuary Edge LLC  
\_\_\_\_\_  
(Firm/Company)

520 Wildlife Glen  
\_\_\_\_\_  
(Address)

Baradenton, FL 34209  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Gemmill Jr                      703                      999-0537  
\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
(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

☐ \$55 Filing Fee & Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2024 NOV 22 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, 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 limited liability company as it appears on the records of the Florida Department of State is: Estuary Edge LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.24000426047

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/07/2024

4. I, Patricia Gemmill, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Chief Operating Officer (COO)  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Patricia A. Gemmill*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)