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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TWO SERVICES FLORID

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COVER LETTER

TO:

Registration Section Division of Corporations

UBJECT: Emerald Greens Golf Management, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen O'Day

(Name of Person)

Billy Casper Golf, LLC

(Firm/Company)

8300 Boone Blvd. STE 350

(Address)

Vienna, VA 22182

(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen O'Day

, /U

761-1444

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

□ \$55 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Emerald	Golf Management, LLC	
	(Name of limited liability company)	
Virgnia		13 声
	(Jurisdiction of its organization)	過る。
M11000003765		
	(Florida Document Number)	The CO
This limited liability company authority to transact business in	y is no longer transacting business in Florida and sun this state.	urrenders its
This limited liability company behalf and appoints the Depart of action arising during the tim	revokes the authority of its registered agent to accept stment of State as its agent for service of process based e it was authorized to transact business in Florida.	ervice on its I on a cause
8300 Boon	e Blvd. STE 350	
	(Mailing address)	_
Vienna, VA	A 22182	
	(City/State/Zip)	-
in its mailing address.	rized representative of a member)	f any change
Peter M. Hill		
(Typed or printed name of sign	DATE: 4/2/13 APPROVED: 570 - 10 ACCOUNT CODE: 6301 - 10 PLEASE RETURN CHECK TO BILES	5 v of State".

Filing Fee: \$25.00