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## **COVER LETTER**

Jar	(Name of Person) at (850 )502-4373 (Area Code & Daytime Telephone Numb	
For fu	rther information concerning this matter, please call:	
	(City/State and Zip Code)	
Saı	nta Rosa Beach, FL 32459	
	(Address)	
P.C	). Box 1750	
	(Name of Firm/Company)	
Arn	ett & Kerrigan, PL	
	(Name of Person)	
Jar	e Kerrigan	
Please	return all correspondence concerning this matter to the following:	
The e	aclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing
	JMENT NUMBER: P96000049273	
	(Name of Corporation)	
SIID I	ECT: Emerald 2014, Inc.	
ТО:	Amendment Section Division of Corporations	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Robert Lyerly
(lanie of Kegisteren Agent)
hereby resigns as Registered Agent for Emerald 2014, Inc.
(rune of corporation)
P96000049273
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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:
(Typed or Printed Name)
(1 yped of Printed yrane)
Presidat
(Capacity)
Fee for filing this document:
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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