108000 105379

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	<u>:</u>
(Business Enuty Name)	:
(Document Number)	!
Certified Copies Certificates of Status	_
,	
Special Instructions to Filing Officer:	٦
Special mandelens to 1 ming Officer.	ı
	ı
	ı
	İ
	ı
	۱
	┙

Office Use Only



700159053457

08/31/09--01038--001 **25.00

PILED

09 AUG 31 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 1 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Ride Green Florida, LLC	
	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Ronald N. Schwartz	SER TALL
(Contact Person)	CCAH.
Ride Green Florida, LLC	TARY ASSEI
(Firm/Company)	COP PH
PO Box 536428.11	PH 12: 4.1 OF STATE E. FLORID
(Address)	A
Orlando, FL 32853	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Ronald N. Schwartz	407.342.3648
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as eGreen Florida, LLC	it appears on the records	s of the Florida	SECREPARENT
2. This limited liab	ility company was organized	under the laws of:	EE, FLORIDA	PHIZ: 41
3. The Florida doci L0800010	ument/registration number of 5319	this limited liability cor	npany is:	
·	lame of Person Resigning) bility company and affirm the	, hereby resign as a limited liability compa	(Print Title	(e)
Signature of Resi	gning Member, Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			