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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: The greens Cantal Sweetnest Goup Lice (Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leandro M Callo

(Contact Person)

The Greens capital Pulatment Croup

(Firm/Company)

2439 Deer Creek Road Watto

(Address)

Warton D 33327

For further information concerning this matter, please call:

(Name of Contact Person) at (786) 449-178 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee \$
Certified Copy

#### 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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

1. The name of the	limited liability compa	any as it appears	on the records of	of the Florida De	partment
of State is:	he greens	Cabibal	Duschu	ecent Grou	B (
				-(	1.
2. This limited liab	lity company was org	anized under the	e laws of:		
<del></del>					
3. The Florida docu	ment/registration num	nber of this limit	ted liability com	pany is:	
· · · · · · · · · · · · · · · · · · ·	ame of Person Resigning)	her	eby resign as a _	MGRI (Print Title)	
of this limited lial resignation in wri	pility company and afting.	firm the limited	liability compan	y has been notifi	ed of my
Signature of Resi	gning Member, Mana	iging Member or	r Manager		
Filing Fee:	\$25.00 (Required)	•			
Certified Copy:	\$30.00 (Optional)				•