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TQ:	Registration Section. Division of Corporations	i i i i i i i i i i i i i i i i i i i
SUBJ	JECT: GREENROKS VENTURES, LLC Name of Limited Liability	Company
DOC	UMENT NUMBER: M13000007810	
The e	enclosed Resignation of Registered Agent for a Limited ling.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to th	e following:
Emily	y Smith.	
	Name of Person	
Para	acorp Incorporated	
	Name of Firm/Company	
PO E	Box 160568	
	Address	
Sacr	ramento, CA 95816	
	City/State and Zip Code	
E	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
Emil	y Smith 888	280.6563
	Name of Person Area Code	280.6563 Daytime Telephone Number
Enclo liabili liabili	osed is a check made payable to the Florida Department ity company or \$25.00 for an administratively dissolved ity company.	

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115	5, Florida Statutes, the und	ersigned,		
Paracorp Incorporated , hereby resign			, hereby resigns as		
Name of Registered Agent					
Registered Agent for GRE	ENROKS VEN	ITURES, LLC			
				,	
	Name of Limi	ited Liability Company			
M13000007810					
Document Number	er, if known				
A copy of this resignation v	was mailed to the a	bove listed limited liability	company at its last known a	address.	
The agency is terminated a	nd the office disco	ntinued on the 31st day afte	er the date on which this stat	ement is	filed.
		•		,	
_	SI	Signature of Resigning Agent			
If signing on behalf of an e	ntity:			بالم	
S	Sharon Cooke, F	Paracorp Incorporated		17 MPR	an z gwej
_	T;	yped or Printed Name		 	£ 1
A	ssistant Secret	ary		7	1
		Capacity		3 5	;]
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	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	company ved/ voluntarily dissolved/ lity company	•	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314