

# A14514

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

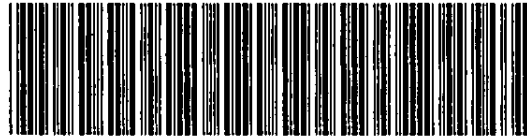
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY BUSINESS  
DIVISION OF CORPORATIONS  
2013 JAN 18 AM 10:53

C. LEWIS  
JAN 24 2013  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Green-East #2 Limited  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A14514

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dana Devendorf

Contact Person

Firm/Company

801 Arthur Godfrey Road, Suite 600

Address

Miami Beach, Florida 33140

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Devendorf

Name of Contact Person

at ( 305 ) 779-8911

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

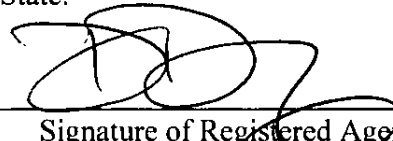
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Dana Devendorf, hereby resigns as  
Name of Registered Agent

Registered Agent for Green-East #2 Limited,  
Name of Limited Partnership or Limited Liability Limited Partnership

A14514  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
Signature of Registered Agent

If signing on behalf of an entity:

N/A  
Typed or Printed Name

N/A  
Capacity

**Filing Fee:** \$87.50  
**Certified Copy (optional):** \$52.50

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DIVISION OF CORPORATIONS