

L04000050146

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**BERKOWITZ & ASSOCIATES, P.A.**

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IAN M. BERKOWITZ

OF COUNSEL

MAURICE BERKOWITZ  
ALSO ADMITTED NEW YORK BAR  
DAVID J. BERKOWITZ

February 20, 2008

**VIA US MAIL**

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

**RE: Limited Liability Company: GREENERSIDE CREATIVE, L.L.C.  
Document Number: L04000050146**

Dear Sir/ Madame:

Enclosed please find the Resignation of Registered Agent for a Limited Liability Company for filing in addition to the required fee in the amount of \$25.00 for processing this inactive company/ administratively dissolved registered agent resignation. As noted on your form, all correspondence regarding the above referenced matter can be directed to:

**Ian M. Berkowitz, Esq.  
BERKOWITZ & ASSOCIATES, P.A.  
2101 NW Corporate Blvd.  
Suite 300  
Boca Raton, FL 33431  
TEL: (561) 982-7800 FAX: (561) 982-8870**

Please feel free to contact me with any questions or comments you might have.

Sincerely,

BERKOWITZ & ASSOCIATES, P.A.

By:

  
Ian M. Berkowitz, Esq.

Enclosure  
IMB/nem

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

IAN M. BERKOWITZ, ESQUIRE

(Name of Registered Agent)

, hereby resigns as

Registered Agent for GREENERSIDE CREATIVE, L.L.C.

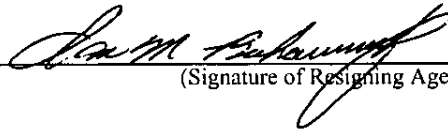
(Name of Limited Liability Company)

L04000050146

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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)

(Capacity)

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TALLAHASSEE, FLORIDA

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### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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