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COVER LETTER

Division of Corporations Green Island Holdings, LLC Name of Limited Liability Company L07000123345 **DOCUMENT NUMBER:** The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bonnie Yerry Name of Person Corporation Service Company Name of Firm/Company 80 State Street Address Albany NY 12207 City/State and Zip Code bverry@cscinfo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Bonnie Yerry

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Name of Person

Registration Section

TO:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115	5, Florida Statutes, the unc	dersigned,	
Corporation Service Company		у	, hereby resigns as	
	Name of Registered Agen	it	_,,	
Registered Agent for	GREEN ISLAI	ND HOLDINGS,	LLC	
	Name of Lim	ited Liability Company		.,
L070001233	45			
Document 1	Number, if known			
A copy of this resigna	tion was mailed to the a	bove listed limited liabilit	ty company at its last known address.	
The agency is termina		ntinued on the 31st day aft Service Company Of Company Signature of Rosigning Agent	J Po	s filed
If signing on behalf of	an entity:		TEC TEC	ž.
	Bonnie Yerry	, .	888 - 8	130
	Asst. Secretary	yped or Printed Name	AM 7 OF 3 C. FLC	
		Capacity	iait Riba	; <u>"</u> .ř
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissolved/ ility company	

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