

LOG 0000034695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

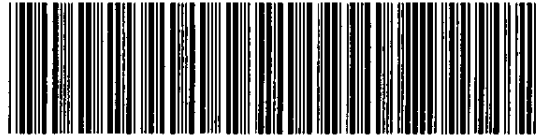
(Business Entity Name)

(Document Number)

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T. CLINE

FEB 22 2010

EXAMINER

SECRETARY OF STATE  
FEB 19 2010

2010 FEB 19 PM 12:24

FEB 19 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Green World Crete  
(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:**

John Palacco  
(Contact Person)

N/A  
(Firm/Company)

6564 NW 45 WAY  
(Address)

Coconut Creek FL 33003  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (957) 444-3952  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 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**



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 company as it appears on the records of the Florida Department of State is: Green World Crete

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
20 9000 034695

4. I, John Palazzo, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

20 FEB 19 PM 12:24  
SECRETARY OF STATE  
JANAMASSIE, FL 32189