## L09 0000 79845

| · (F                                    | Requestor's Name)    |           |  |  |
|---|----------------------|-----------|--|--|
| A)                                      | ddress)              |           |  |  |
| A)                                      | ddress)              |           |  |  |
| (C                                      | City/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | WAIT                 | MAIL      |  |  |
| (E                                      | Business Entity Name | e)        |  |  |
| (Document Number)                       |                      |           |  |  |
| Certified Copies                        | Certificates         | of Status |  |  |
| Special Instructions to Filing Officer: |                      |           |  |  |
|   |                      | :         |  |  |
|   |                      |           |  |  |
|   |                      |           |  |  |
|   |                      |           |  |  |

Office Use Only

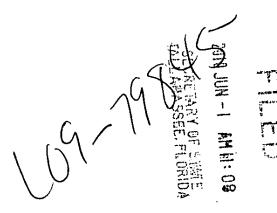


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06/01/10--01048--010 \*\*\$5.00

T. CLINE
JUN - 2 2010

**EXAMINER** 



## **COVER LETTER**

| Division of Corporations   |  |
|--|--|
| SUBJECT: Green Light Marke<br>(Name of Limited Liability Co  | ting LLC   |
| The enclosed member, managing member or manager resifiling.  | gnation and fee(s) are submitted for   |
| Please return all correspondence concerning this matter to   |  |
| Valentina Garcia<br>(Contact Person)   | <u> </u>   |
| Green Light Marketing (Firm/Company)   | <del></del>  |
| 3411 Main Hwy  | <del></del>  |
| Coconul Grove FL 33133 (City/State and Zip Code)   |  |
| For further information concerning this matter, please call  | 1: 583-4983 E  |
| (Name of Contact Person) at (917) (Area Coo  | be & Daytime Telephone Number  |
| Coconcl Grove FL 33133  (City/State and Zip Code)  For further information concerning this matter, please call  Valenting Garcia at 917  (Name of Contact Person) (Area Cod  Enclosed please find a check made payable to the Florida  \$25 Filing Fee  STREET/COURIER ADDRESS: Registration Section | Department of State for:  \$55 Filing Fee & Certified Copy                   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



## 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 li          | mited liability compan | ny as it appears on the records of the Nacketing LLC | he Florida Department                 |
|--------------------------------|------------------------|--|---------------------------------------|
|                                | ity company was organ  | nized under the laws of:                             |                                       |
| 3. The Florida docum           | nent/registration numb | per of this limited liability compan                 | y is:                                 |
|                                | lity company and affir | , hereby resign as a Ma                              |                                       |
| Signature of Resig             | ning Member, Managi    | ng Member or Manager                                 |                                       |
| Filing Fee:<br>Certified Copy: |                        |  | 2010 JUN - 1 AM II<br>SECRETARY OF ST |