L100000 74509

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
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for

Registration Section

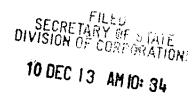
TO:

Division of Corporations	
SUBJECT: GREENLIGHT AU (Name of Limited)	TO Source. Com, LLC Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted
Please return all correspondence concerning thi	s matter to:
STEPHAN BERTON; (Contact Person)	
CREENIGHT ANTO SOURCE (Firm/Company)	. Com, LUC
2779 N. Airport Rd #.	<i>207</i>
For 1 Myers, FL 3390 (City/State and Zip Code)	7
For further information concerning this matter,	please call:
STephan Bentoni at (Name of Contact Person)	(4/23) 227-4657 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Department Reculing ht Auto Sounce. Com, LL C.
	ility company was organized under the laws of:
	ument/registration number of this limited liability company is:
	tame of Person Resigning) company and affirm the limited liability company has been notified of my iting.
Signature of Res	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)