L10000087823

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Green Lumens LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
r lease return an correspondence concerning this matter to.
Neil Glachman (Contact Person)
Green Lumens LLC (Firm/Company)
3731 FAU Boulevard (Address)
Boca Raton FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
Neil Glachman at (561) 300-0720 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$\$ \$25 Filing Fee \$\infty\$\$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	reen Lumens LLc
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L10000	<u>987823</u> .
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/31/2016
4. I, <u>Lonni</u>	e Chenkin, hereby withdraw/resign as a ame of Person Resigning)
Memb	er (Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Louve	Chenkun
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
ceranica copy.	ψουνο (Optional)