L13000028719

(Requestor's Name)					
(Address)					
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2013 MAR -8 AM IO: 19

COVER LETTER

Division of Corporations			
SUBJECT: GREEN?		DISTRIBUTION red Liability Company)	LLC.
(i	vame of Limit	ed Liability Company)	
The enclosed member, managing ifiling.	member or i	manager resignation and fee(s) a	re submitted for
Please return all correspondence c	oncerning tl	his matter to:	
VASON HODGE			
(Contact Persor	1)		
GREEWLIPE DISTRIBU	rich Ll	<u>, </u>	
all South Colonial (or	int C		
Fuoian Harbur C	rech P Code)	1 32937	
For further information concerning	g this matter	r, please call:	
(Name of Contact Person))	at (321) 265-021 (Area Code & Daytime Telepho	5 one Number)
Enclosed please find a check made	e payable to	the Florida Department of State	for:
■ \$25 Filing Fee		□ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS	}:	MAILING ADD	
Registration Section		Registration Secti	
Division of Corporations		Division of Corpo	rations
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Flori	da 32314
Tallahassee, Florida 32301			

CR2E079 (5/06)

TO: Registration Section



FILED 2013 MAR -8 AM 10: 19

SECRETARY OF STATE TALLAMASSEE, FLORIDA

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 c	ompany as it app	ears on the records	of the Florida Department
of State is: 61	reen LIFE	DISTRIBU	rion LLC	,
2. This limited liab	ility company was	s organized under	the laws of	
	• •	•	the laws of.	
JUAN O	= Flosing	<u> </u>		
3. The Florida docu	ment/registration	number of this l	imited liability com	pany is:
413000			•	. ,
		·		
4. I, CALVIN 1	L SHELTON	.,	hereby resign as a	MGR - mamper
of this limited lial resignation in wri		d affirm the limi	ed liability compan	y has been notified of my
Police	Inter			
Signature of Resi	gning Member, M	lanaging Membe	r or Manager	
Filing Fee:	\$25.00 (Requi	red)		
Certified Copy:	\$30.00 (Optio	nal)		