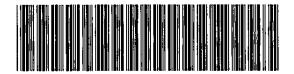
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Regi	stration Section sion of Corporations			
SUBJECT:	GREEN ROAM GLOBAL, LLC			
	Name of Limited Liability Company			
DOCUMENT NUMBER: L13000111005				
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Rhonda P	Name of Person			
Capitol Corporate Services, Inc. (Registered Agent Dept.) Name of Firm/Company				
800 Brazo	S, Ste 400 Address			
Austin TX	78701 City/State and Zip Code			
	apitolservices.com ddress: (to be used for future annual report notification)			
For further i	nformation concerning this matter, please call:			
Rhonda P	eirce at (800) 345-4647 Name of Person Area Code Daytime Telephone Number			
Enclosed is liability con liability con	a check made payable to the Florida Department of State for \$85.00 for an active limited apany or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited apany.			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	ons of section 605.0115, Florida Statu	tes, the undersigned,	
Сарис	Ol Corporate Services, Inc. Name of Registered Agent	, hereby resigns as	
Registered Agent for	GREEN ROAM GLOBAL, LLC		
L	Name of the L	imited Liability Company	
L1300	00111005		
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed lim	ited liability company at its last known address.	
If signing on behalf of	Signalar of Res	31st day after the date on which this statement is file	
it signing on benan or a			
		Jason Fischer Typed or Printed Name	
	Assistant Secre		
	Capacity		
	\$ 25.00 Administrative	ed liability company vely dissolved/ voluntarily dissolved/ imited liability company	
	Make checks payable to Florida De Division of Cor P.O. Box Tallahassee, F	rporations 6327	

INH\$17 (2/14)



Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone. 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 10/21/2015 **FLORIDA**

REP UNIT:

GREEN ROAM GLOBAL, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 26743 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

