L15000205686

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations

TO:

nu LLC				
ubmitted for filing.				
-				
7H 3800				
(City/State and Zip Code) For further information concerning this matter, please call:				
3/2234				
rtime Telephone Number)				
nent of State for: & Certified Copy				
LING ADDRESS:				
stration Section				
ion of Corporations Box 6327				
hassee, Florida 32314				



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)

	limited liability company as reen Stre Capital	/ -\ .	
	ument/registration number a	ssigned to this limited liabil	lity company is:
T12000	205686	·	MX/2016
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	ign is:
4. I, Salvatur	Lotinto	, hereby withdraw/res	sign as a
(Print N	ame of Person Resigning)		16
Marger	(Print Title)		APR
	bility coppany and affirm the	ne limited liability company	has been notified of my
resignation in wr	iting	1/1/4	W. S.
	\mathcal{I}	4/5/16	23
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		