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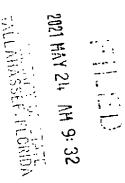
(Requestor's Name)
(Address)
, ,
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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05/24/21--01007--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

GREENVIEW DEVELOPMENT USA LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000003678	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
RUBEN ZURGA	
Name of Person	
MIAMI ACCOUNTING & TAX SERVICES LLC	
Name of Firm/Company	
4000 HOLLYWOOD BLVD STE 555-S	
Address	
HOLLYWOOD, FL 33021	
City/State and Zip Code	
RUBEN@MIATAX.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RUBEN ZURGA 786 at (657-2521
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the und	dersigned.	
MIAMI ACCOUNTING & TAX SERVICES LLC	hereby resigns as	
Name of Registered Agent	_ : hereby resignatio	
Registered Agent for GREENVIEW DEVELOPMENT USA LLC		
Name of Limited Liability Company	,	
1.17000003678		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability	y company at its last known address.	
The agency is terminated and the office discontinued on the 31st day aft	ter the date on which this statement is file	ed.
Ant-	2021	
Signature of Resigning Agent	2	•
If signing on behalf of an entity:	2021 MAY 24	
RUBEN ZURGA	The Day of	:
Typed or Printed Name AMB # R	AM 9: 32)
Capacity Capacity	AM 9: 32	

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make cheeks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314