

L170000049243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

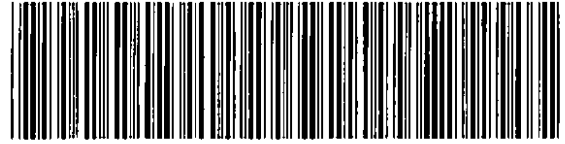
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800416187058

09/25/23 - 01021--017 \*\*25.00

FILED

2024 SEP 25 AM 8:29

COURT CLERK'S OFFICE

Association

OCT 18 2023

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GREEN KEEL HOLDINGS, 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:

Phillip B. Grindley

(Contact Person)

Green Keel Holdings, LLC

(Firm/Company)

1502 S. 33RD STREET

(Address)

FORT PIERCE, FL 34947

(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip B. Grindley

772

882-5205

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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

2024 SEP 25 AM 8:29  
FILED  
SECRET



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: GREEN KEEL HOLDINGS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000049243

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/19/2023

4. I, Brooke D. Austin, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Representative and Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

Brooke D. Austin

67C9CE6EFB71475

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)