## 17000060491

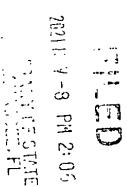
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
	ighting Solutions, 11C.
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Jesus Aguila	
(Contact Person)	
Green Lighting &	olutions, IlC.
(Firm/Company)	
2265 W 80Th s	ot Unit 4
(Address)	
Graleah, F1	33016
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Jesus Aguila	at (305) 218-0454.
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  ☐ \$25 Filing Fee	to the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\text{Entitle Copy}\$
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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)

1. The name of the	limited liability company as	it appears on the records o	f the Florida Department
	Care Lista	a Solutions	110.
of State is:	Green Lightin	7 8 0 10 11 11 13	
2. The Florida doc	/ ument/registration number as	signed to this limited liabil	lity company is:
L170	100060491		
	· · · · · · · · · · · · · · · · · · ·	<del></del> ·	12/15/21
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resi	gn is: $\frac{10/15}{21}$
4.1. Jorg	L Sesin  Jame of Person Resigning)	. hereby withdraw/res	ign as a
(Print N	lame of Person Resigning)		.8
	YCR		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	e limited liability company	has been notified of my
			125
	orge Sesin	J	
Signature of D	issociating Member or Resign	ning Manager	
			-8 PH 2:
Filing Fee	\$25.00 (Paguired)		
	\$25.00 (Required) \$30.00 (Optional)		110 3
Time oup,	422.00 (op.ioi.a.)		그런 유