Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT

Account Number : I20040000167

Phone Fax Number : (305)377-0809

: (305)377-0781

LLC DISSOLUTION OR WITHDRAWAL GREENCOR, LLC.

Certificate of Status	0
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Page Count	03
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	ARTICLES O	F DISSOLUTION			
	A LIMITED LIA	BILITY COMPANY		Sic.	2018 NOV 2
1.	The name of a limited liability company is			-1.	<u>§</u>
	GREEN	COR, LLC.		至	27
2.	The Articles of Organization were filed on	03/29/2017	and assigned	338kg	A
	document number L17000070302			, FATE	9: 0 3
3.	The delayed effective date the dissolution if not expective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	the applicable statutory fill	ling: late document is receing requirements, th	ved for fil is date w	ing) ill not
4.	A description of occurrence that resulted in the li 605.0707, Florida Statutes, (copy 605.0707 on bar	mited liability company' ck cover letter).	s dissolution purs	uant to s	section
	The sole member of the Company has voted to dissolv	e the Company.	··		
,					
5.	If there are no members, enter the name and address activities and affairs:	ess of the person appoint	led to wind up the	compar	ıy's
				<u>•</u>	-
					
6. list	Signature of an authorized person or if there are need above to wind up the company's activities and	o members, the signatur affairs:	e of the person ap	pointed	and
	TONTH		STREMBLAY		
	Signature/	Prin	ited Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

9490 S.W. 148TH STI MIAMI, FL 33176 A claim against the above named limited liabil claim is commenced within 4 years after the fi	NOV 27 AN 9: 03 LANDSCEP S PLANT 9: 03 Ity company will be barred unless a proceeding to enforce the
MIAMI, FL 33176 A claim against the above named limited liabil	lity company will be barred unless a proceeding to enforce the
MIAMI, FL 33176 A claim against the above named limited liabil	lity company will be barred unless a proceeding to enforce the
	ZOIB NOV 27 AM 9: 0
	ZOIB NOV 27 AM
	REET TALLAHAS
	REET TALL TO SO TO SO THE SOURCE STATE OF THE
9490 S.W. 148TH ST	REET 38 28
Mailing address where claims can be sent: (Cla	laims cannot be sent to the Division of Corporations)
The sole member of the Compa	any has voted to dissolve the Company.
Description of information that must be includ	led in a written claim:
Date of dissolution was:	
Name of Limited Liability Company: Document number of Limited Liability Compa Date of dissolution was:	any is: L17000070302

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00