

L170000 98321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

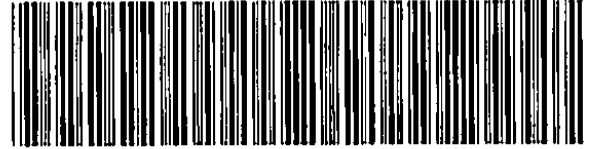
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING CANCELLED
DUE TO RETURNED CHECK

07/03/19--01013--001 **25.00

FILED
19 JUL -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 16 2019
T SCHRAEDER

TO: Registration Section
Division of Corporations

FILING CANCELLED
DUE TO RETURNED CHECK

SUBJECT: GREEN WHALE 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:

JOHN STOL

(Contact Person)

GREEN WHALE

(Firm/Company)

333 LAS OLAS WAY CU1

(Address)

FORT LAUDERDALE, FLORIDA

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN STOL

(Name of Contact Person)

at (305) 833-6000

(Area Code & Daytime Telephone)

Enclosed please find a check made payable to the Florida Department of State for
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER OR OFFICER OF
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 WHALE LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000098321

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04.03.19

4. I, John Stol, hereby withdraw/resign as a
(Print Name of Person Resigning)

President

(Print Title)

I, the undersigned, am a member/manager/officer of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
9 JUL -3 PM 1:22
CLERK OF STATE
TALLAHASSEE, FLORIDA