

118000098207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2018 SEP 17 AM 8:24

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. PRICE
SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GREEN IMPROVEMENT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000098207

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIEL SHALELASHVILI

Name of Person

THE GREEN IMPROVEMENT LLC

Name of Firm/Company

18100 W DIXIE HWY SUITE 203

Address

MIAMI, FL 33160

City/State and Zip Code

lizjimenez@ljaccountinginc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIZ JIMENEZ

at (

305

)

6907560

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2018 SEP 17 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BEN SHABU, KFIR

Name of Registered Agent

hereby resigns as

Registered Agent for

THE GREEN IMPROVEMENT LLC

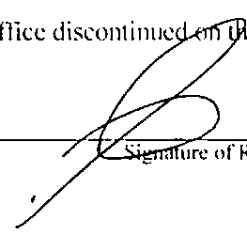
Name of Limited Liability Company

L18000098207

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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

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

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA