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(Requestor's Name)
(Address)
(Address)
(assets,
(City(Chats/Ziz/Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Greenever LLC	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Jorge A. Damiani	
(Contact Person)	
Jade Trust	
(Firm/Company)	
411 Cleveland St #199	
(Address)	
Clearwater FI 33755 (City/State and Zip Code)	
For further information concerning this r	matter, please call:
J , Damiani	at (727) 542-0181
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal	ble to the Florida Department of State for:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, rt. 32314	Tallahassee, FL 32303





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: Gre	enever LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L190002504	163
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 07/23/2024
4. I, <u>Jorge A. Dam</u> (Print N	iani , hereby withdraw/resign as a ame of Person Resigning)
Manage	ır
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Greenever LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Jorge A. Damiani	
(Contact Person)	
Jade Trust	
(Firm/Company)	
411 Cleveland St #199 (Address)	
(Addiess)	
Clearwater FI 33755 (City/State and Zip Code)	
	nlesse colli
For further information concerning this matter	, prease can.
J , Damiani	at (<u>727</u>) <u>542-0181</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee FL 32303

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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 Departmen
of State is: Gre	enever LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19000250	463
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 07/23/2024
4. I, <u>Jorge A. Dam</u> (Print N	hiani , hereby withdraw/resign as a lame of Person Resigning)
Manage	er (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
cordined copy.	Ψουνο (ορασιαι)