## L19000287281

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to 7 ming Officer.					
J. HORNE					
JUN - 4 2022					
JON 2 2222					

Office Use Only



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04/18/22--01034--024 \*\*25.00

FILED 2022 APR 18 PM 1: 20

### **COVER LETTER**

TO:	-	stration Section					
	DIVIS	sion of Corporations					
SUBJ	ECT:	Greengar Placetas LLC					
		(Name of Limited Liability Company)					
The e	nclosed	d member, resignation or diss	ociatic	on and fee	(s) are submitted for filing.		
Please	e returr	all correspondence concerni	ng this	s matter to	:		
Susan	Robinso	n					
	<del></del>	(Contact Person)			<del></del>		
Greeng	gar Place	etas LLC					
		(Firm/Company)		•	_		
6278 N	orth Fe	deral Highway - #406					
		(Address)			<del></del> .		
Fort La	auderdal	e, Florida 33308					
		(City/State and Zip Code)			_		
For fu	irther ii	nformation concerning this m	atter, p	please call	:		
Susan	Robinso	n	at	305	667-4856		
•	(N	ame of Contact Person)	```		e & Daytime Telephone Number)		
Enclo	sed ple	ease find a check made payabl	le to th	ne Florida	Department of State for:		
	5 Filin				ng Fee & Certified Copy		
		ng Address:			Street Address:		
	Registration Section				Registration Section		
		sion of Corporations			Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	1 3113	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM THE FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605,0216, Florida Statutes)

(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:	ngar Placetas, LLC
2. The Florida doc L19000287281	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Scott Greenwald	, hereby withdraw/resign as a same of Person Resigning)
Manager	
	(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 D	Issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required)
ceranica copy.	\$30.00 (Optional)