L20000015894

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COVER LETTER

Name of Limited Liability	Company
DOCUMENT NUMBER: L20000015894	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee. FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.01	15, Florida Statutes, the	undersigned,			
Legaline Corporate Services, INC.			, hereby resigns as			
Name of Registered Agent						
Registered Agent for _	GREENER EARTH PR	OPERTY SERVICES L	LC			
	Name of Li	mited Liability Company			<u> </u>	
L20000015894						
Document h	Number, if known					
A copy of this resignat	tion was mailed to the	above listed limited lia	bility company at its last l	known addre	ess.	
The agency is terminal	ted and the office disc	Signature of Resigning /	y after the date on which	this stateme	nt is fi	led.
If signing on behalf of	an entity:				_	
	Chelsea Chapman				707	
		Typed or Printed Name			T	1
	On Behalf of Legali	nc Corporate Services, IN	NC.			ميدوسي ميانيا د ا
		Capacity		TANKET OF S	5 册	
	FILINC O \$ 85.00 O \$ 25.00	G FEES: Active limited liabi Administratively di withdrawn limited	lity company ssolved/voluntarily disso liability company	. T. J	AM 9: 03	

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