L20 000 113158

| (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: | | | | | |
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Office Use Only



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U. Smith

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---------------------|
| SUBJECT: GREEN & LOBAL HEALTH 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: | |
| WILLIAM PATRICK MURPHY (Contact Person) | |
| GREEN GLOBAL HEALTH LLC. (Firm Company) | |
| 4737 N. DCEAN DR. PMB 137 | |
| FORT LAUDERDALE BY THE SEA, FL 33306 (City State and Zip Code) | |
| For further information concerning this matter, please call- | 20 AU |
| (Name of Contact Person) at (954) 554 – 24 04 (Area Code & Daytime Telephone Number) | 20 AUG 27 AM 11: 03 |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\subset}\$ \text{\$\S25}\$ \text{Filing Fee} \text{\$\subset}\$ \text{\$\S55}\$ \text{Filing Fee} \text{\$\Scatter}\$ \text{\$\Scatter}\$ | 52.216v |

Mailing Address:

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



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 | s it appears on the re | cords of the Florida I | Department |
|--|--|------------------------|----------------------------|--------------|
| of State is:& | REEN GLOBAL | - HEALTH | LLC. | |
| 2. The Florida doci | ment/registration number a | ssigned to this limit | ed liability company i | s: |
| L2000 | 0113158 | | | |
| 3. The date this me | mber/manager withdrew/res | signed or will withd | raw/resign is: <u>08.0</u> | 09.2020 |
| 4. 1, <u>LUISA</u> (Print N | F · QICHARDS ame of Person Resigning) | , hereby with | lraw/resign as a | |
| | SER. | | | |
| of this limited lial resignation in wr | bility company and affirm the | he limited liability o | ompany has been noti | my AF TO ARY |
| Signature of Di | ssociating Member or Resi | gning Manager | | AM III |
| Filing Fee: Certified Copy: | \$25,00 (Required) \$30.00 (Optional) | | | D3 |