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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filin	ng Officer:	
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	<u>/c</u>	A Resign
	Office Use Only	1



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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PICK UP	: BROOK 11/13
	CERTIFIED COPY X PHOTOCOPY GS	
X	X FILING	RA RESIGNATION
1.	GREENVIEW SUPPORT SE (CORPORATE NAME AND DOCUMEN	
2.	(CORPORATE NAME AND DOCUMEN	VT #)
3.		
4.	(CORPORATE NAME AND DOCUMEN	
5.	(CORPORATE NAME AND DOCUMEN	VT #)
6.		
V.	(CORPORATE NAME AND DOCUMEN	VT #)
SPEC INSTI	IAL RUCTIONS:	

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuani to the prov	isions of section 60	5.0115, Florida Statutes, th	ie undersigned,			
CORPORATE ACCE	ESS, INC.		, hereby resigns as			
<u> </u>	Name of Register	ed Agent	, hereby resigns as			
Registered Agent for	GREENVIEW SUI	PPORT SERVICES LLC				
	Name	of Limited Liability Company				
L21000076597						
Documen	t Number, if known					
A copy of this resign	nation was mailed to	the above listed limited li	iability company at its last	known add	lress.	
The agency is termin	nated and the office	discontinued on the 31st d	lay after the date on which	this statem	ent is f	filed.
	Dy	Signature of Resigning		SECRETA TALLA	2023 NOV 13	
lf signing on behalf o	of an entity:			HA.	$\overline{\omega}$	-
	DANY BENNE	TT		SSE SSE	A	m
	President	Typed or Printed Name		STATE E. FL	111:59	O
		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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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