L23000036524

(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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COVER LETTER

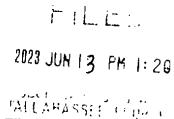
Registration Section

TO:

Division of Corporations GREENER LIVING GROUP LLC **SUBJECT:** (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: EMORY THOMAS JR (Contact Person) GREENER LIVING GROUP LLC (Firm/Company) 3430 NW 203RD ST (Address) MIAMI GARDENS, FL 33056 (City/State and Zip Code) For further information concerning this matter, please call: 985-0122 786 **EMORY THOMAS JR** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee **Street Address:** Mailing Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

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)

Cn.r.	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L23000036524	cument/registration number assig	gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:
PATRICK O. MICHEL		, hereby withdraw/resign as a
MGRP	, , ,	
	(Print Title)	
resignation in w		imited liability company has been notified of my
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	