M09000000454

| (Requestor's Name) | |
|---|---------------|
| (Address) | 500277773 |
| (Address) | 000277770 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 10/07/1501020 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

Office Use Only



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. COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----|---|
| | GREYSTONE ALLIANCE LLC |

| SUBJECT: | |
|--|---|
| Name of Limited Liability | / Company |
| DOCUMENT NUMBER: M0900000454 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the | he following: |
| Elizabeth A. Straub | |
| Name of Person | - |
| National Corporate Research, Ltd. | |
| Name of Firm/Company | - |
| 615 S. Dupont Hwy | |
| Address | - |
| Dover, DE 19901 | |
| City/State and Zip Code | - |
| | _ |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Elizabeth Straub 866 | 621-3524 |
| Name of Person Area Code | Daytime Telephone Number |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | s of section 605.011: | 5, Florida Statutes, the unc | dersigned, | | | |
|--|--------------------------------|---|---|---------------------|-----------|----------|
| National Corporate | Research, Ltd. | | , hereby resigns as | | | |
| | Name of Registered Ager | nt | _, | | | |
| Registered Agent for | | | | | | |
| GREYSTONE ALLI | ANCE LLC | | | | | |
| , | Name of Lim | ited Liability Company | | | | |
| M09000000454 | | | | | | |
| Document Nur | nber, if known | | | | | |
| A copy of this resignation | n was mailed to the a | above listed limited liabilit | ty company at its last ki | nown add | lress. | |
| The agency is terminated If signing on behalf of ar | Jun | ntinued on the 31st day af | | nis statem | | filed. |
| • | Florence Spelzh | ausen | | Z SE | 2015 OCT | |
| | | yped or Printed Name | | | 9 | 3 |
| | Assistant Secret | | | 表記 | -7 | dentite: |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability Administratively disso withdrawn limited liab | company lved/ voluntarily disso ility company | SEE FLONDA lved/ | 7 PH 1:00 | |

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