# M16000003395

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.

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## CORPORATE ACCESS, \_\_\_

When you need ACCESS to the world

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

	PICK UP	P: BROOK 7/26
XX	CERTIFIED COPY PHOTOCOPY CUS	
· XX	FILING	WITHDRAW
1.	GREEN LIGHT PARTNE	
2.	(CORPORATE NAME AND DOCUMEN	VT #)
3.	(CORPORATE NAME AND DOCUMEN	IT #)
4.	(CORPORATE NAME AND DOCUMEN	IT #)
5 <b>.</b>	(CORPORATE NAME AND DOCUMEN	TT #)
<b>б.</b> _	(CORPORATE NAME AND DOCUMEN	rr#)
SPECIAI NSTRU	CTIONS:	

#### **COVER LETTER**

	on Section of Corporations		
Gree. SUBJECT:	n Light Partners LLC		
Jobace 1.	(Name of Fo	reign Limited Liability	y Company)
Dear Sir or Madam	:		
The enclosed without	lrawal and fee(s) are submitt	ed for filing.	
Please return all co	rrespondence concerning thi	s matter to the following	ng:
Martin T. Schrier,	Esq.		
	(Name of Person)		_
Cozen O'Connor			
<u> </u>	(Firm/Company)	<u></u>	<del></del>
200 S. Biscayne Bl	vd., Suite 3000		
	(Address)		_
Miami, FL 33131			
	(City/State and Zip Coo	de)	_
For further informa	tion concerning this matter, I	please call:	
Marsha Romero		305 at (_	704-5940
(2	lame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Green Light F	Partners ELC	
	(Name of limited liability company)	
Delaware		
<del>.</del>	(Jurisdiction of its organization)	<u> </u>
04/26/2016		
<del></del> _	(Date registered with Florida Department of State)	<del></del>
M160000033	95	
	(Florida Document Number)	<del></del>
Effective Da If an effect nore than 9 <b>Note:</b> If the	l liability company is withdrawing its certificate of authority in thate, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to 0 days after filing.)  date inserted in this block does not meet the applicable statutory 1 not be listed as the document's effective date on the Departmen	(optional) date of filing or filing requirements,
	14	202
	(Signature of authorized representative)	
	Joshua Levy	PILL 26 P
	(Typed or printed name of signee)	PM 2: 33

Filing Fee: \$25.00