## m16000001612

(Re	equestor's Name)	
(Ad	dress)	<del> </del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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18 FEB 26 PH 1: 24 SECRETARY OF STATE TALLAHASSEE, FLORID

RECEIVED

S. WARREN FEB 2 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 084919

AUTHORIZATION

COST LIMIT

ORDER DATE: February 26, 2018

ORDER TIME : 9:44 AM

ORDER NO. : 084919-010

CUSTOMER NO: 8175107

## FOREIGN FILINGS

NAME: GREENRISE TECHNOLOGIES, LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: \_

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:	GREENING T	echnologie	i, LLC
	(Name of For	eign Limited Liability C	ompany)
Dear Sir or Madam:			
The enclosed withdra	iwal and fee(s) are submitted	d for filing.	
Please return all corre	espondence concerning this	matter to the following:	
DAVID	(Name of Person)		
Green	(Firm/Company)	) - e''';	
525 Brir	kir Rel. (Address)		
	City/State and Zip Cod		
For further information	on concerning this matter, p	lease call:	907 7460
(Na	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu Tallahassee	Corporations ding tive Center Circle , Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check  \$25 Filing Fee	for the following amount:  □ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Effective Date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
ED 082
(Signature of authorized representative)
DAVID Buch
(Typed or printed name of signee)

Filing Fee: \$25.00

18 FEB 26 PM 1: 24
SECRETARY OF STATE
ALL AMASSES FLORIDA