## PO6000056384

(Red	questor's Name)	· · ·		
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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RA Resign

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2001 OCT 24 PH 12: 06
SECRETARY OF STATE

## **COVER LETTER**

	Iment Section on of Corporations
SUBJECT:	GREEN LIGHTING COMPANY (Name of Corporation)
DOCUMENT	'NUMBER;
The enclosed F	Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Piease return a	ill correspondence concerning this matter to the following:
IVO	(Name of Person)
GREEN	LIGHTING COMPANY (Name of Firm/Company)
1809	5W 10TH COURT (Address)
FORT LAU	IDERDAW . FL . 33312 (City/State and Zip Code)
For further info	ormation concerning this matter, please call:
IVO TE	(Name of Person) at (954) 463 - 2263 (Area Code & Daytime Telephone Number)
•	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
2007 OCT 24 PM 12: 06
TALLAHASSEE. FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	7.0502(2), 617.0502(2), 607.	.1509, or 617.1509,		
Florida Statutes, the undersigned,	IVO TELVEIRA  (Name of Registered Agent)			
hereby resigns as Registered Agent for	GREEN LIGHTIN	G COMPANY		
	(Name of Corpor	ration)		
(Document Number, if known)	_			
A copy of this resignation was mailed to	the above listed corporation	at its last known address.		
The agency is terminated and the office	liscontinued on the 31st day	after the date on which		
this statement is filed.	u fa			
(Si	nature of Resigning Agent)	<del></del>		
If signing on behalf of an entity:				
I	O TEIXEIRA	7		
(	yped or Printed Name)"			
SECRETARY				
(Capacity)				

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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