## P09000015583

,	
(Requestor's Name)	_
(Address)	—
, ,	
(Address)	
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Oakland Park, FL 33351
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October 16, 2012

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

Re: Green on Whites, Inc.

Dear Sir:

Enclosed please find the Resignation of Registered Agent for the above referenced corporation and my check in the sum of \$35.00.

Very truly yours

Layne Merebay

LV/jc

Enclosure

cc: Green on Whites, Inc.

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: GREEN ON WHITES INC (Name of Corporation)	
DOCUMENT NUMBER: P09000015583	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	•
Please return all correspondence concerning this matter to the following:	
LAYNE JEREBAY (Name of Person)	
(Name of Person)	
LAYNE JEREBAY P.A.  (Name of Firm/Company)	
7800 W. DAKLAND PARK BLVD #-B-104	
SUNRISE TO 33351 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (454) 745 - 8100 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LAYNE VERBAY (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for GREEN ON WHITES, JINC.  (Name of Corporation)
P0900015583 (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 discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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