P14000100043

(Requestor's Name)				
(Address)				
(Address)				
(/ (001000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

Office Use Only



200422630692

01/30/24--01042--017 **282.50

2024 JEH 30 PH 1: 36

Ra Risignation

D CUSHING 41.50

COVER LETTER

Division of Corporations				
GREENTOUCH USA INC SUBJECT:				
()	Name of Corpo	oration)		
DOCUMENT NUMBER: P14000100043				
The enclosed Resignation of Registered Ago	ent for a Corp	poration and fee are submitted	for filing.	
Please return all correspondence concerning	this matter	to the following:		
DAVID PODEIN				
(Name of Person)				
HABER LAW, LLP				
(Name of Firm/Company)				
251 NW 23 Street				
(Address)				
Miami, FL 33127				
(City/State and Zip Code)				
For further information concerning this matt	er, please ca	11:	22 6	ာ
DAVID PODEIN	305	379-2400		
(Name of Person)	(Area C) Ode & Daytime Telephone Num	ber)	<u> </u>
Enclosed is a check made payable to the Flo or \$35.00 for an administratively dissolved,	rida Departu voluntarily (ment of State for \$87.50 for ar dissolved or withdrawn corpor	ration	gration
			温	. ည
Mailing Address:		Street Address:	144 0	, ,
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Su	ite 810	

Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	•	ons 607.0503(2), 617.0502(2), 607.1509. or 6	17.1509.
Florida Statute	es, the undersigned,	HABER LAW, P.A.	
		(Name of Registered Agent)	
norohu rociane	e as Rouistored Agen	t for GREENTOUCH USA INC	
reredy resigns	as Registered Agen	(Name of Corporation)	
P14000100043			
(Docum	ent Number, if known)		
A copy of this	resignation was mai	iled to the above listed corporation at its last k	nown address
. cop, o. as	resignation was man	ned to the above fished corporation at its last k	in in accordance,
The agency is his statement		office discontinued on the 31st day after the da	ate on which
ms statement	is med.	— DocuSigned by:	
		David Podein	
		(Signature of Resigning Agent)	_
f signing on b	ehalf of an entity:		
	DAVID PODEIN		
		(Typed or Printed Name)	- s: 21
	PARTNER		2024 JAN 30 SEOSETALI TANLETALI
		(Capacity)	_ 🔠 ည
			613 Th

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active Corporation