

P43000018944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

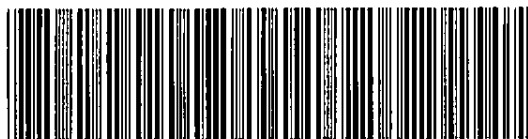
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP 22 2025

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
2025 SEP 19 AM 10:23

2025 SEP 19 PM 3:58  
J. HORNE



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 09/19/25  
Order #: 4403602-25  
Re: Greenroad, Inc.  
Processing Method: Routine

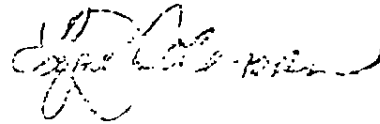
TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation  
Amount to be deducted from our State Account: \$87.50 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing



Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Greenroad, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P93000018944  
\_\_\_\_\_

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:

RESIGNATION DEPARTMENT  
\_\_\_\_\_  
(Name of Person)

CORPORATION SERVICE COMPANY  
\_\_\_\_\_  
(Name of Firm/Company)

251 LITTLE FALLS DRIVE  
\_\_\_\_\_  
(Address)

WILMINGTON, DE 19808  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT at (800) 927-9801  
\_\_\_\_\_  
(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.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2025 SEP 19 AM 10:24

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,


Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY  
(Name of Registered Agent)

hereby resigns as Registered Agent for Greenroad, Inc.  
(Name of Corporation)

P93000018944  
(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:

BY JEANNETTE JONES  
(Typed or Printed Name)

ASST. VICE PRESIDENT  
(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