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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Energy and Security LLC Name of Umited Liability Company
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Kowal Name of Person
Name of Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milhael Name of Person at (720) 413-3862 Name of Person Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned,
Michael Kowal Name of Registered Agent	, hereby resigns as
_	rgy and security
Name of Limited Liability	Company
L 17000171156 Document Number, if known	
A copy of this resignation was mailed to the above listed	I limited liability company at its last known address.
The agency is terminated and the office discontinued on	the 31st thay after the date on which this statement is filed.
Michael (of Resigning Agent
If signing on behalf of an entity:	
Typed or Print	ed Name
Capacity	

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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