LO4 0000 74964

(Rec	questor's Name)	
(Add	lress)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANALYZED ENERG	Y LLC
(Name of Limited Lial	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
LAURENE HERWALD	
(Contact Person)	
ANALYZED ENERGY LLC	
(Firm/Company)	
2801 SUNSET PRIVE	
(Address)	
NEW SMYRNA BEACH, FL 3.	2168
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
LAURENE HERWALD at (386, 690-1678
(Name of Contact Person) (Au	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$\sum \cdot \sum \cdot \s	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



-1 - / In 71 9:00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	ANALYZED ENERGY LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L\$4000,	074964
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: MARCH 1, 2020
4. I, MARK (Print N	, hereby withdraw/resign as a man of Person Resigning)
MEMBE	Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Mul ?	(full)
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)