F09000004111

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COVER LETTER

NATION DEPARTMENT 80	00	927-9801) & Daytime Telephone Number)
ther miormation concerning this matter, pie		
ther information concerning this matter, ple	ase call:	
(City/State and Zip Code)		
NGTON, DE 19808		
(Address)		
TLE FALLS DRIVE		
(Name of Firm/Company)		
RATION SERVICE COMPANY		
(Name of Person)		
NATION DEPARTMENT		
return all correspondence concerning this m	atter to th	e following:
closed Resignation of Registered Agent for	a Corpora	ition and fee are submitted for filing.
MENT NUMBER: P09000004111		
	l'Corporati	on)
SPWR SOLAR CORPORATION CT:		
Division of Corporations		
	SPWR SOLAR CORPORATION (Name of MENT NUMBER: F09000004111 closed Resignation of Registered Agent for return all correspondence concerning this measurement (Name of Person) RATION DEPARTMENT (Name of Firm/Company) TLE FALLS DRIVE (Address) NGTON, DE 19808 (City/State and Zip Code)	Division of Corporations SPWR SOLAR CORPORATION (Name of Corporations) MENT NUMBER: F09000004111 closed Resignation of Registered Agent for a Corporation all correspondence concerning this matter to the SATION DEPARTMENT (Name of Person) RATION SERVICE COMPANY (Name of Firm/Company) TLE FALLS DRIVE (Address)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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 unders	ioned CORPORATION SERVICE COMPANY
Time manies, the anaers	(Name of Registered Agent)
hereby resigns as Registered	d Agent for SPWR SOLAR CORPORATION
netery resigns as registered	(Name of Corporation)
F09000004111	
(Document Number, if k	(nown)
A copy of this resignation v	vas mailed to the above listed corporation at its last known address.
The agency is terminated ar this statement is filed.	nd the office discontinued on the 31st day after the date on which
Kyh y	(Signature of Resigning Agent)
V	(Signature of Resigning Agent)
lf signing on behalf of an er	ntity:
BY KYLE	TODD
*****	(Typed or Printed Name)
VICE PRES	SIDENT
	(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

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