LO4000071937

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
	-	
(Do	ocument Number)	
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COVER LETTER

SUBJECT: Potenti	al Electric LLC
Name of Li	nited Liability Company
DOCUMENT NUMBER:	L04000071937
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted
Please return all correspondence concerning the	is matter to the following:
Tin S. Chu Name of Person	
Potential Electric LLC Name of Firm/Company	
4629 36th St. Suite 200 Address	
Orlando, FL 32811 City/State and Zip Code	
valchu@potentialelectricllc.cor E-mail address: (to be used for future annual repo	
For further information concerning this matter	please call:
Tin S. Chu a Name of Person	t (407) 648-4433 Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	on 608.416(2) or 608.509, Florida Statutes, the undersigned,	
	gement Group, Inc , hereby resigns as	
Name of	egistered Agent	
Registered Agent for	Potential Electric LLC	
<u> </u>	Name of Limited Liability Company	
L0400007193		
Document Number, if ki	wn	
A copy of this resignation was m	iled to the above listed limited liability company 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 file	i.
H	Hauser	
-0	Signature of Resigning Agent	
If signing on behalf of an entity:) r.
it signing on senan or an entry?		ć
<u></u>	H.W. Hauser	Ž-,
	Typed or Printed Name	2
	C.E.O.	목'c
	Capacity	Š
	C.E.O. AN RPORAL Capacity & Capac	1
	- 3	,

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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