

106 00011868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

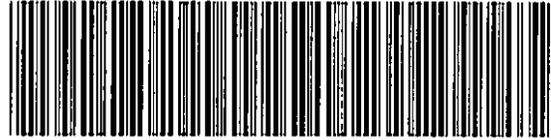
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y. SULKER

NOV 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLAR BLUE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000111868

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:

MARY MAHER
Name of Person

SOLAR BLUE, LLC
Name of Firm/Company

5434 OSPREY ISLE LANE
Address

ORLANDO, FL 32819
City/State and Zip Code

MKMMMAHER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY MAHER at (407) 928-0462
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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.

JAMES L. STEELE

, hereby resigns as

Name of Registered Agent

Registered Agent for **SOLAR BLUE, LLC**

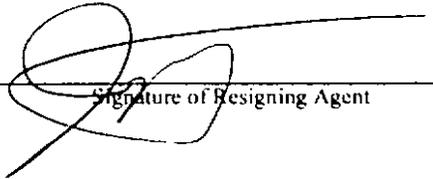
Name of Limited Liability Company

LO6000111868

Document Number, if known

A copy of this resignation was mailed 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 filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2019 OCT 21 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**