407000082250

(Requestor's Name)
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resignation to RA

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SECRETARY OF STATE

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COVER LETTER

SUBJECT: Innovative Energy Group of Florida, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000082250

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:

Muhammed Rafique
Name of Person

Innovative Energy Group - Ste 428, Bldg. 2
Name of Firm/Company

EMAAR Bus.Park, Sheikh Zayed Rd, PO Box 261702
Address

Muhammed Rafique at (_____) 011 971 4 368 9449

Name of Person Area Code & Daytime Telephone Number

Dubai UAE
City/State and Zip Code

For further information concerning this matter, please call:

rafique@innovative-energy.com
E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 AND THE STATE LIABILITY COMPANY TALLAHASSEE. FLORIDA

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Rol	pert Scheffel Wright , hereby resigns as
	ame of Registered Agent
Registered Agent for	Innovative Energy Group of Florida, LLC
	Name of Limited Liability Company
L070000	82250
Document Num	per, 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 a	nd the office discontinued on the 31st day after the date on which this statement is filed.
-	Robert Signature of Resigning Agent
If signing on behalf of an e	entity:
_	Typed or Printed Name

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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