## L07000085729

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(GulfieldialElph Holle u)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

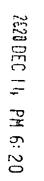
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IAN 2 7 2021 S. YOUNG



## COVER LETTER

TO: Registration Section Division of Corporations	•
FLORIDA CRITICAL POWER, LLC SUBJECT:	
SUBJECT: (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	
Please return all correspondence concerning this	s matter to:
MARGARET A. WHARTON	
(Contact Person)	
WHARTON LAW GROUP, P.A.	
(Firm/Company)	
P.O. BOX 621172	
(Address)	
OVIEDO FL 32765	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
MARGARET A. WHARTON	407 365-7193 () (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	ne Florida Department of State for:
re-,	S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee
(ununussee, 1 t. 52514	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

CR2E079 (2-14)



## 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)

	limited liability company as		ds of the Florida Department
2. The Florida doci	ument/registration number a	ssigned to this limited li	ability company is:
THOMAS O M	ember/manager withdrew/res		
MGRM	VYLOR  'ame of Person Resigning)  (Print Title)		, reorgin to t
	bility company and affirm th	ie limited liability comp	any has been notified of my
Mur- Signature of Di	ssociating Member or Resig	ning Manager	292
	\$25.00 (Required) \$30.00 (Optional)		2929 DEC 14 P