## 08000004/080

(Requestor's Name)					
(Äddress)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(D.)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to File Office I A					
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MAY <b>12</b> 2010					
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EXAMINER					
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Solartek, LLC	
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
Bruce Thomas	
(Contact Person)	
	TO B
Solartek, LLC	TALLAHASSE
(Firm/Company)	
	ida <b>p</b>
1021 W. New Hampshire St.	
(Address)	PM 1: 02 EE, FL ORIG
	51.0
Orlando, FL 32804	
(City/State and Zip Code)	
For further information concerning this ma	atter please call
To further information concerning this ma	auer, piease can.
Bruce Thomas	<sub>at (</sub> 407 <sub>)</sub> 810-4811
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: Sol	limited liability company as artek, LLC	it appears on the records of	of the Floric	la Department
2. This limited liab Florida	ility company was organized	under the laws of:		2010 HAY 10 SECRETAR FALLAHASS
3. The Florida doct	ument/registration number of	this limited liability comp	oany is:	10 PM 1: 02 (SY OF STATE SSEE, FLORID)
<sub>4. I,</sub> Michael Ly	nn Hayes, Sr.	, hereby resign as a _	MGRM	<b>B</b> w <b>2</b>
(Print N	ame of Person Resigning)		(Print	Title)
resignation in wr	bility company and affirm the iting.  gning Member, Managing M		y has been r	notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			