L0900006674

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

Office Use Only



200180532132

05/10/10--01050--002 **25.00

FILED

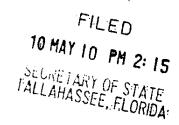
10 MAY 10 PM 2: 15
SECRETARY OF STATE

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Greener Elec (Name of Limited) | trical Solutions, LLC Liability Company) |
| The enclosed member, managing member or ma filing. | nager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | matter to: |
| Susan Tidball (Contact Person) | |
| (Firm/Company) | |
| St. Johns, FL 325 | 259 |
| (City/State and Zip Code) For further information concerning this matter, p | |
| Susan Tidhall at (Name of Contact Person) | (964) 230-6335 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

| | mited liability company as i | | |
|---|---|---------------------------|-------------------------|
| | ity company was organized e of Florida | | |
| | nent/registration number of | | any is: |
| | ne of Person Resigning) | | |
| of this limited liabil resignation in writing | lity company and affirm the ng. | limited liability company | has been notified of my |
| | an & Fedbal | | |
| Signature of Resign | ning Member, Managing Me | mber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |