## #11000083246

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

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EORETARY OF STATE

K.SALY EXAMINER NOV 28 2012

## **COVER LETTER**

for

Division of Corporations	
SUBJECT: RENEWABLE ENERGY	SYSTEM SERVICES, LLC
	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted
Please return all correspondence concerning this	s matter to:
DENIS K. SOLANO	
(Contact Person)	<del></del>
(Firm/Company)	<del></del>
1413 SW 158 AVE	
(Address)	
PEMBROKE PINES, FLORIDA 330	027
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
DENIS K. SOLANOat	305 592-9396
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sqrt{25}\$ Filing Fee	he Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

**TO:** Registration Section



FILED"

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SEURLIANY OF STATE TALLAHASSEE, FLORIDA.

## 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: REI	limited liability company as NEWABLE ENERGY	it appears on the records of the Florida Department SYSTEM SERVICES, LLC
2. This limited liab	lity company was organized FLORIDA	under the laws of:
3. The Florida docu L11000083	_	this limited liability company is:
<sub>4. I,</sub> DENIS K.	SOLANO	, hereby resign as a MGR
(Print N	ame of Person Resigning)	(Print Title)
of this limited lial resignation in wri		e limited liability company has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	LINO R SOLANO LINO R SOLANO NOVARY Public - State of Florida Novary Florida

CR2E079 (5/06)