

L11000129292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

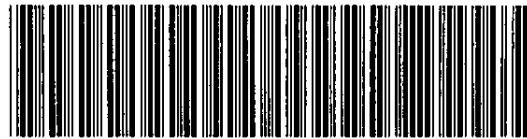
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Energy Services I, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000129292

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:

Tripp Vitto, Esq.

Name of Person

Saraga/Lipshy, PL

Name of Firm/Company

201 N.E. First Avenue

Address

Delray Beach, Florida 33444

City/State and Zip Code

jskron@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tripp Vitto

Name of Person

at (561) 330-0660

Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 JAN 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SLPA, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for **Florida Energy Services I, LLC**

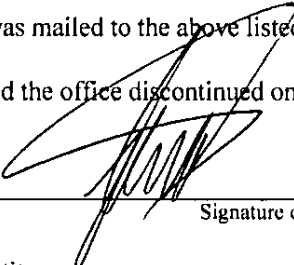
Name of Limited Liability Company

L11000129292

Document Number, 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 and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Brian Louis Lipshy

Typed or Printed Name

President

Capacity

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2014 JAN 22 PM 1:07
STATE OF FLORIDA
TALLAHASSEE

FILING FEES:

\$ 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