

L15000134508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

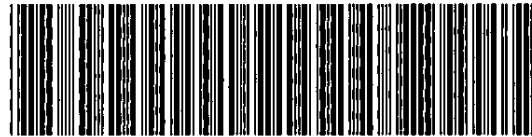
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAY -1 PM 2:51
TALLAHASSEE, FLORIDA

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MAY 03 2017
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2017 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENLEAF ENERGY CONSULTING LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000134508

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:

Aitor Narvaez

Name of Person

GREENLEAF ENERGY CONSULTING LLC

Name of Firm/Company

3451 Dawn Ct

Address

Lake Mary, FL 32746

City/State and Zip Code

mailto:aitornarvaez@gmail.com

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

For further information concerning this matter, please call:

Aitor Narvaez

Name of Person

at (407) 334-6652

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

INCorp SERVICES, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for **GREENLEAF ENERGY CONSULTING LLC**

Name of Limited Liability Company

L15000134508

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:

Kathy Shin for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

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**

**FILED
17 MAY - 1 PM 2:31**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS**