

L160000 46752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

20200811 09:21:50

August 11, 2020

OLGA ALONZO
10457 LARWIN AVE. UNIT 1
CHATSWORTH, CA 91311

SUBJECT: PINES ENERGY SOLUTIONS LLC
Ref. Number: L16000046752

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

PLEASE CORRECT THE MANAGERS NAME TO REFLECT WHAT IS SHOWN ON THE ATTACHED PRINTOUT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00015179

COVER LETTER

TO: Registration Section
Division of Corporations

PINES ENERGY SOLUTIONS LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

OLGA ALONZO

(Contact Person)

(Firm/Company)

10457 Larwin Ave. Unit 1

(Address)

Chatsworth, CA 91311

(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA ALONZO

818

554-3202

(Name of Contact Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
PINES ENERGY SOLUTIONS LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L 16000046752

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/25/2020
OLGA ALONZO

4. I, Bordales, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER AND MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Olga M. Alonzo Bordales
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2020 OCT -5 AM 8:45