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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Name of Limited Liability Company
DOCUMENT NUMBER: L16000145315
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:
Chelsea Chapman
Name of Person
Legalinc Corporate Services, Inc.
Name of Firm/Company
10601 Clarence Drive, Suite 250
Address
Frisco, TX 75033
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chelsea Chapman 844 386-0178
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. Florida Statutes, the undersigned	
Legalinc Corporate Services, Inc. , hereby resigns as		
	Name of Registered Agent	,
Registered Agent for _	LONE WOLF BATTERY AND SOLAR LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L1600	0145315	
Document N	lumber, if known	
A copy of this resignati	ion was mailed to the above listed limited liability compar	ny at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the da Way Agent Signature of Resigning Agent	te on which this statement is filed.
If signing on behalf of a	an entity:	
	Chelsea Chapman	2020 .7.13
	Typed or Printed Name	- = = = = = = = = = = = = = = = = = = =
on Behalf of Legalinc Corporate Services, Inc.		
	Capacity	<u>.</u> ယ
		70
		5;
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluments withdrawn limited liability com	က ယ intarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314