## L17000036505

(Po	questor's Name)	
(1)	questors Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phone #	7)
<b>_</b>		
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPERNION

K. SALY

## COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Bright Home Solar (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: Ben LeStarge (Contact Person) Bright Home Solar, LLC (Firm/Company) 20074 Heritage Point Dr. (Address) Tampa, FL 33647 (City/State and Zip Code) For further information concerning this matter, please call: at (201)800-3805 (Name of Contact Person) Matt LeStarge (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee **S**55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section** 

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

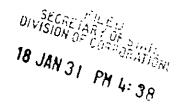
Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





## 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
of State is: <u>Brigh</u>	t Home Solar, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u>L17000036505</u> .	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: <u>July 1<sup>st</sup> 2017</u>
	, hereby withdraw/resign as a ame of Person Resigning)
MGR	(Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
Jordan L. Adams	<u></u>
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)