47000081925

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TN

C. GOLDEN APR 2 4 2019

COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: SOLAR CONSTRUCTION				
(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:				
CARLOS CASILLAS				
(Contact Person)				
SOLAR CONSTRUCTION LLC				
(Firm/Company)				
150 S PINE ISLAND RD. SUITE 300				
(Address)				
PLANTATION FL 363324 (33324)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
CARLOS CASILLAS 786 4446519				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$\Bigs \\$55 Filing Fee & Certified Copy				

STREET/COURIER ADDRESS:

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

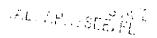
MAILING ADDRESS: . __ _

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



FILED 2019 APR 15 PH 5: 56

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)

	e limited liability company as it ap	ppears on the records of the Florida Department
2. The Florida doc L1700008192		ned to this limited liability company is:
CARLOS H		d or will withdraw/resign is:
resignation in w	(Print Title) ability company and affirm the lin riting. issociating Member or Resigning	nited liability company has been notified of my Manager
	\$25.00 (Required) \$30.00 (Optional)	