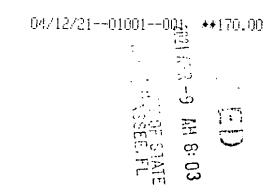
# L17000217617

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	PICK	UP:	4/9 Glinda		
	CERTIFIED COPY				
ХХ	РНОТОСОРУ				
	CUS				
XX	FILING	LLC	RESIGNATION		
١.	Gainesville Solar, LLC (CORPORATE NAME AND DOCUM	IENT #)			
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•	(CORPORATE NAME AND DOCUM	(ENT #)		· · · · · · · · · · · · · · · · · · ·	
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PECIAI NSTRU	L CTIONS:				
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	GAINESVII	LLE SOLAR	R, LLC
	Name of Limit	ed Liability	y Company
DOCUMENT NUMBER:	L1700021761	7	
The enclosed Resignation of Reg for filing.	istered Agent fo	or a Limited	ed Liability Company and fee are submitted
Please return all correspondence	concerning this	matter to t	the following:
ARTUR MADEJ			
Name of Pe	rson		
GAINESVILLE SOLAR, LLC			
Name of Firm/C	ompany		_
6735 CONROY WINDERMERE ROA	D		
Address			_
ORLANDO, FLORIDA 32835			
City/State and Z	ip Code		_
ARTZAAK@GMAIL.COM			
E-mail address: (to be used for furt	ire annual report no	otification)	
For further information concerning	g this matter, pl	ease call:	
ARTUR MADEJ	at (	363	206-1874
Name of Person	aı (_	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of	section 605.011	15, Florida Statutes, the undersigne	ed,		
BENJAMIN W. HARDIN, JR.		, here	shu racione ne		
Nam	e of Registered Ag	gent	by resigns as		
Registered Agent for GAIN	ESVILLE SOLA	AR, ELC			
	Name of Lir	mited Liability Company		<u> </u>	
L17000217617					
Document Number,	if known				
	the office disco	above listed limited liability compontinued on the 31st day after the continued on the 31st day after the			d.
	7	Type I or Printed Name		·	
- <del>1</del> -		Capacity	 		

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