

L18000 B5363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STATE SOLAR OF FLORIDA LLC

(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:

LEON BOYAJAN

(Contact Person)

LEON M. BOYAJAN II P.A.

(Firm/Company)

2303 HIGHWAY 44 W

(Address)

INVERNESS FL 34453

(City/State and Zip Code)

For further information concerning this matter, please call:

LEON M BOYAJAN

(Name of Contact Person)

at ( 352 ) 726-1800

(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 of State is: STATE SOLAR OF FLORIDA, LLC

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

L18000135363

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/22/2022

4. I, HALL ELECTRICAL SYSTEMS, INC., hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR Andrew Hall 12/22/22  
(Print Title)

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

[Signature] 12/22/22  
Signature of Dissociating Member or Resigning Manager

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