## L18000280263

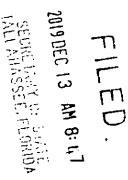
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300337847423

12/13/19--01011--009 \*\*25.00



Beolemation

JAN 1 6 2020 I ALBRITTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Southern Sky	Solar mpany)
The en	nclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning this matter to:	
	Amy Var borough (Contact Person)	_
	Southern Sky Solar, LLC (Firm/Company)	- le/mailist
<del></del>	(Firm/Compuny)  31626 Holcomb Pass (Address)	- Address
	Vesley Chapel FL 33543 (City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
<i></i> _/	Any Varborough at (813) (Name of Contact Person) (Area Code	) 312 - 47-34 & Daytime Telephone Number)
	sed please find a check made payable to the Florida I 5 Filing Fee	Department of State for: g 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 lir	nited liability company as it appears on the records of the Florida Department
of State is:	Southern Sky Solar, LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L1800	0 28 0 263
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: $9 - 9 - 2019$
_	hereby withdraw/resign as a e of Person Resigning)
M G Pr	M/VP of opprations int Title)
of this limited liabilinesignation in writing	ity company and affirm the limited liability company has been notified of my
	Ahr-
Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30,00 (Optional)