18000284187

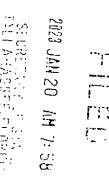
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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01/20/23--01020--007 **25.00



A. RIVERS MAR 2 3 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB Solar Electric Services LLC

Name of Limited Liability Company

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOCUMENT NUMBER: L18000284187

United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	_
9900 Spectrum Dr.	
Address	_
Austin, TX 78717	
City/State and Zip Code	-
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
800	773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	, Florida Statutes, the undersigned,		
United States Corporation Agents, Inc	C , hereby r	aciune ne	
Name of Registered Agent	t thereby is	esigns as	
Registered Agent for AB Solar Electric Se	ervices LLC		
Name of Limit	ted Liability Company		·
L18000284187			
Document Number, if known			
The agency is terminated and the office discon	Signature of Resigning Agent	on which this staten	nent is filed.
Cheyenne Mosel	ey		
•	ped or Printed Name		
Asst. Secretary for Ur	nited States Corporation Agents, Inc.		
FILING I \$ 85.00 \$ 25.00 Make checks payabl	Capacity FEES: Active limited liability company Administratively dissolved/ volunts withdrawn limited liability company e to Florida Department of State and r	my my control of the	2023 JAN 20 AH 7: 58

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314