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





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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Verde Solar, LLC Name of Limited Liability Company
DOCUMENT NUMBER: LIGOOO 203488
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:
Ann Foley Name & Person
Name of Firm/Company
4495 Lake Washington RD
Melbourne, FL 32934 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ann Foley at (321) 432 - 7444 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:STREET ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 605.011:	5, Florida Statutes, the unde	ersigned,	
Ann Foley	Registered Ager	nt	_ , hereby resigns as	
Registered Agent for \sqrt{ec}	te s	olar, LLC		
	Name of Lim	ited Liability Company	·	
LiadodZO3 Document Number, if kr	488 			
A copy of this resignation was m	ailed to the a	above listed limited liability	y company at its last known address.	
The agency is terminated and the	office disco	ntinued on the 31st day afte	er the date on which this statement is fi	led.
	Envi	Signature of Resigning Agent		
If signing on behalf of an entity:		•		
Ar	n Fe	yped or Printed Name		
		Capacity		
	FILING \$ 85.00 \$ 25.00	Active limited liability of	ved/ voluntarily dissolved/	

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