

L19000281525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

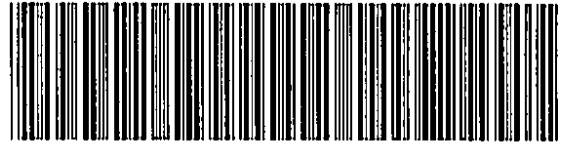
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

9/14

Office Use Only



900348855349

07/27/20--01006--020 \*\*25.00

RECEIVED

JUL 21 2020

09/29/20--01031--004 \*\*50.00

2020 JUL 14 A 9:03

LLC  
RA  
Resign.

JUL 09/22/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 AUG 31 2:10

August 31, 2020

FEDERICO GIL PEREZ  
1111 CRANDON BLVD AP B-802  
KEY BISCAYNE, FL 33149

SUBJECT: ELECTRIC POWER TECHNOLOGIES, LLC  
Ref. Number: L19000281525

We have received your document for ELECTRIC POWER TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 720A00016712

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

ELECTRIC POWER TECHNOLOGIES, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

LL19000281525

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

FEDERICO GIL PEREZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1111 CRANDON BLVD APB-802

\_\_\_\_\_  
Address

KEY BISCAYNE FL 33149

\_\_\_\_\_  
City/State and Zip Code

magin.blasi@mc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FEDERICO GIL PEREZ

305

8981183

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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 605.0115, Florida Statutes, the undersigned,

FEDERICO GIL PEREZ

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

ELECTRIC POWER TECHNOLOGIES, LLC

Registered Agent for \_\_\_\_\_

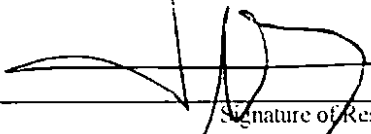
\_\_\_\_\_  
Name of Limited Liability Company

L19000281525

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

2020 SEP 14 A 9:03

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
FEDERICO GIL PEREZ

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

\_\_\_\_\_  
ELECTRIC POWER TECHNOLOGIES, LLC  
Registered Agent for \_\_\_\_\_

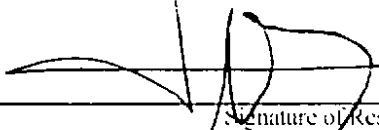
\_\_\_\_\_  
Name of Limited Liability Company

119000281525

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2020 SEP 14 A 9:03

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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