# L20000226565

(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



11/14/24--01002--017 ++85.00

111	533
: . . *	2624 2011
	<sub>1</sub>
	Ē.
1 3 **	
•	7: 55





 Toll-Free:
 1.888.449.2638

 Direct:
 1.805.449.2638

Email: info@CorpNet.com

www.CorpNet.com

November 5, 2024

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

## RE: GREENENERGY WINDOWS, LLC

To Whom It May Concern:

Please find attached a request for filing a Resignation of Registered Agent for GREENENERGY WINDOWS, LLC. Also, please find a check for \$85.00 made payable to the Florida Department of State. Please contact me for any questions or issues in regards to this filing at the undersigned.

Please forward a filing receipt via email to the email address listed below or by mail to the address listed below.

Thank you in advance for all your help!

Sincerely,

## Amanda J. Beren, Document Processing

CorpNet, Incorporated 31416 Agoura Rd., Suite 118 Westlake Village, CA 91361 888-449-2638 Ext. 105 filings@corpnet.com



### **COVER LETTER**

#### TO: Registration Section Division of Corporations

GREENENERGY WINDOWS, LLC SUBJECT:

Name of Limited Liability Company

# 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:

Amanda J. Beren

Name of Person

CorpNet

٠

Name of Firm/Company

31416 Agoura Rd., Suite 118

Address

Westlake Village, CA 91361

City/State and Zip Code

filings@corpnet.com

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

For further information concerning this matter, please call:

Amanda J. Beren / CorpNet	888	449-2638
	at (	)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)



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

\_\_\_\_\_\_ hereby resigns as

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

REGISTERED AGENT INC.

Name of Registered Agent

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

Name of Limited Liability Company

L20000226565

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.

If signing on behalf of an entity:

David Roberts	VLL	2024
Typed or Printed Name	- <del>.</del> .	
President of Registered Agents Inc.	- :	•=:
Capacity	: []-	
		hi l
	<u> </u>	1
FILING FEES: \$ 85.00 Active limited liability company		ភូ

\$ 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