120000248911

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Name of Limited Liability Company
DOCUMENT NUMBER: L20000248911
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:
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:
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115, Florida Statutes, the unders	iigned.		
United States Corporation Agents, Inc.		hereby resigns as	resigns as	
	Name of Registered Agent			
Registered Agent for	R Solar LLC			
	Name of Limited Liability Company	,		
L20000248911				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the above listed limited liability c	ompany at its last known address.		
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statement is fi	led.	
	all			
	Signature of Resigning Agent		20	
If signing on behalf of a	n entity:)—]> . TE	71 NOF 8208	
	Cheyenne Moseley	ASS	\S	
	Typed or Printed Name	——————————————————————————————————————		
	Asst. Secretary for United States Corporation Age	nts, Inc.		
	Capacity	ORID	5. 5.	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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