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(Requestor's Name)				
(Address)				
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· · ·				
(City/State/Zip/Phone #)				
(Supplied Eprillione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

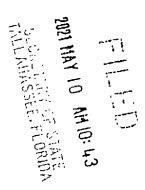
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COVER LETTER

TO: Reg	istration Section		
Divi	ision of Corporations		
SUBJECT:	Red Bird One Renewables, LLC		
		Limited Liability Co	mpany)
The enclose	ed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please retur	n all correspondence concerni	ng this matter to:	
	(Contact Person)		
VanGraham &	& Associates, LLC		
	(Firm/Company)		_
2835 Wareing	g Pl		
	(Address)		_
Lake Orion, N	M1 48360		
	(City/State and Zip Code)	 	
For further	information concerning this m	atter, please call:	
Charles Back	us	919 at (931-3944
1)	Name of Contact Person)		& Daytime Telephone Number)
	ease find a check made payab		•
□ \$25 Filir	ng Fee	≡ \$55 Filin	g Fee & Certified Copy
	ing Address:		Street Address:
_	istration Section		Registration Section
	ision of Corporations . Box 6327		Division of Corporations The Centre of Tallahassee
	ahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

ears on the records of the Florida Department
d to this limited liability company is:
or will withdraw/resign is:
hereby withdraw/resign as a
2021
ted liability company has been motified of my
AM 10: 43 Manager
Manager FLURRIDA TO
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