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(Requestor's Name)			
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(AC	ddress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
	_	_	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates c	of Status	
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Charial lastquations to	Filing Officer:		
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AGT ENERG (Name of Limit	y us LLC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
DANNY BALKIS (Contact Person)	5500 H
ART ENERRY (Firm/Company)	USLIC
5112 NW 27 TH (Address)	ST
MARCATE FL 330 (City/State and Zip Code)	· b 3
For further information concerning this matter	r, please call:
Name of Contact Person)	at (954) 208 3969 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ★ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, 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)

of State is: <u>ART ENERGY US LLC</u>	pany is:
	pany is:
2. The Florida document/registration number assigned to this limited liability com	
L21000268058	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	10-01-2024
4. 1. DENNIS HARDIAL , hereby withdraw/resign as a (Print Name of Person Resigning)	
AUTHORIZED REPRESENTATIVE	
of this limited liability company and affirm the limited liability company has bee resignation in writing.	en notified of my
Di to-Cal	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	