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(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

Division of Corporations	
VOLT SOLAR SOLUTIONS LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
RAYMOND ROTELLA, ESQ.	
(Contact Person)	
KOSTO & ROTELLA P.A.	
(Firm/Company)	
P O BOX 113	
(Address)	
ORLANDO, FL 32802	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
DEBORAH MEYER	401, 425-3456
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to IV \$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 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

VOLT	limited liability company as SOLAR SOLUTIONS LLC	s it appears on the records of th	e Florida Department
2. The Florida docu	ment/registration number a	ssigned to this limited liability	company is:
3. The date this men	mber/manager withdrew/res	signed or will withdraw/resign	is:4/6/23
4. I, GEORGE BERRY, hereby withdraw/resign as a, hereby withdraw/resign as a		ı as a	
	ame of Person Resigning)		
CEO	<u> </u>		
(Print Title)		
of this limited liab resignation in wri		he limited liability company ha	is been notified of my
	George Berry		
Signature of Di	ssociating Member or Resi	gning Manager	2023
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		5 0 <u>1</u>
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