L21 000 436462

(F	Requestor's Name)			
(A	Address)			
<u> </u>	Address)			
(0	City/State/Zip/Phone #	f)		
PICK-UP	MAIT	MAIL		
(E	Business Entity Name)		
(E	Document Number)			
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				
J. HORNE				
FEB 2 8 2022				

Office Use Only



700381831027

02/22/22--01012--014 **25.00



COVER LETTER

Division of Corporations	•
Constant power electrical services, LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000436862	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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	ons of section 605.0115, Florida Statutes, the under	rsigned,	<u>:</u> -1	~	
United States Corporation Agents, Inc. Name of Registered Agent Registered Agent for Constant power electrical services, LLC		_ , hereby resigns as	717 33S	2022 FEB 22	
			芸芸	B	
			2007 1747	22	<u></u>
			- : <u>: :</u> : :	7	
	Name of Limited Liability Company	—	: 1	AM 10: 0	
L21000436862					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liability	company at its last kr	nown add	lress.	
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which th	iis statem	nent is	tīled.
	Signature of Resigning Agent				
lf signing on behalf of a	nn entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Agr	ents, Inc.			
	Capacity				

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