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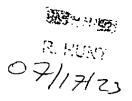
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COVER LETTER

TO: Registration Section **Division of Corporations** SOLAR CONNECT USA **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jennifer Emmons (Contact Person) SOLAR CONNECT USA (Firm/Company) 257 Montelluna Drive (Address) Venice, Fl. 34275 (City/State and Zip Code) For further information concerning this matter, please call: Jennifer Emmons (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

	limited liability company as	it appears on the records of the	Florida Dep	oartmer	nt
2. The Florida doc L22000324834	ument/registration number as	ssigned to this limited liability o	company is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is	s:		
4. I.		, hereby withdraw/resign a	as a		
(Print N	lame of Person Resigning)	,,			
Manager					
· · · · · · · · · · · · · · · · · · ·	(Print Title)				
of this limited lia resignation in wr		e limited liability company bas	been notifie	d of my	y
Signature of D	issociating Member or Resig	ning Manager	:	200	
	\$25.00 (Required) \$30.00 (Optional)		CHASSEE, FI	!7 PM 9:2	(mer

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