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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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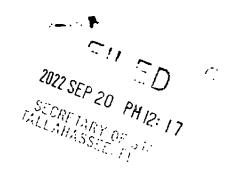
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COVER LETTER

| TO: | : Registration Section Division of Corporations | | | | | |
|----------|--|------------------------------|--|--|--|--|
| SUBJ | ЕСТ: | Power | Technology Solution (Name of Limited Liability Cor | 5 LLC | | |
| The en | iclosed memb | er, resignati | ion or dissociation and fee(s | are submitted for filing. | | |
| Please | return all cor | respondence | e concerning this matter to: | | | |
| | Ethan | Ren' | terly rson) | _ | | |
| | Power | Technolo: (Firm Comp | gy Solutions LL | | | |
| | 4323 | Bay Sla (Address) | le Village Dr. | Apt. 307 | | |
| <u> </u> | Tampa | 4 FL City/State and | 33615 Zip Code) | - | | |
| For fur | ther informat | ion concern | ning this matter, please call: | | | |
| | than Name of O | Contact Perso | on) at (<u>608</u> | 209 - 6746 & Daytime Telephone Number) | | |
| | ed please find Filing Fee | l a check ma | ade payable to the Florida E | Department of State for: g Fee & Certified Copy | | |
| | Mailing Addre Registration Division of O P.O. Box 63. Tallahassee. | Section Corporation 27 | s | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

| I. The name of the I | imited liabili | y company as it ap | pears on the reco | rds of the Florida Department |
|---|--------------------------|--------------------|--------------------|-------------------------------|
| of State is: | Power | Technology | Solutions | LLC |
| | nent/registrat 200356 | | ed to this limited | liability company is: |
| | | | Lor will withdraw | /resign is: <u>9/15/20</u> 22 |
| 4.1. Michael | | | | |
| AMI | 3R Print Title) | · | | |
| of this limited liabi resignation in writi | | and affirm the lim | ited liability com | pany has been notified of my |
| M | m/ /2/ | | | |
| Signature of Diss | sociating Mei | nber or Resigning | Manager | |
| Filing Fee: Certified Copy: | | | | |