

L24000026997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

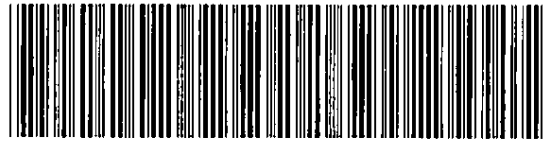
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL  
SECRETARY OF STATE

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA SOLAR INITIATIVE LLC  
(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:

Edward Randall  
(Contact Person)

FLORIDA SOLAR INITIATIVE LLC  
(Firm Company)

1 John Anderson Dr Unit 600  
(Address)

Ormond Beach FL 32176  
(City State and Zip Code)

For further information concerning this matter, please call:

Edward Randall at ( 352 ) 534-1546  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee ☐ \$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



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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA SOLAR INITIATIVE LLC

2. The Florida document/registration number assigned to this limited liability company is:

L24000026997

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/1/24

4. I, Brannon Rue, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)