

MI700000 9195

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 APR 30 AM 10:59  
MAY 02 2018

MAY 02 2018  
J. HARRIS



**Resignation of Registered Agent for a  
Foreign Limited Liability Company**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DATE: 4/26/2018  
STATE: FLORIDA  
REP UNIT: PSA SOLAR LLC

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Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 30002 in the amount of 85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSA SOLAR LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M17000009195

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey Bice  
Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)  
Name of Firm/Company

PO Box 1831  
Address

Austin, TX 78767  
City/State and Zip Code

regagent@capitol-services.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Bice at ( 800 ) 345-4647  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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 provisions of section 605.0115, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for

PSA SOLAR LLC

Name of the Limited Liability Company

M17000009195

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

FILED  
2011 APR 30 AM 10:28  
TALLAHASSEE, FLORIDA  
FILING OFFICE

### **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