# M1800000 7990

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
, ,							
(Document Number)							
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Special Instructions to Filing Officer:							

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 616777 8323810							
AUTHORIZATION : Sprinkle man							
COST LIMIT : \$85'.00							
<del></del>							
ORDER DATE: March 28, 2023							
ORDER TIME : 11:28 AM							
ORDER NO. : 616777-030							
CUSTOMER NO: 8323810							
RESIGNATION OF RA							
NAME: POWER HOME SOLAR LLC							
XX ra resignation							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Eyliena Baker-EXT#							
EXAMINER'S INITIALS:							

## **COVER LETTER**

<b>TO:</b> I	Registration Section Division of Corporations		
SUBJE	CT:		
	Name of Limi	ited Liability	Company
DOCUM	MENT NUMBER: M18000007990		
The enc	losed Resignation of Registered Agent fog.	or a Limitec	l Liability Company and fee are submitted
Please re	eturn all correspondence concerning this	matter to th	ne following:
RESIGNA	ATIONS DEPARTMENT		
	Name of Person		
CORPOR	RATION SERVICE COMPANY		
	Name of Firm/Company		
251 LITT	TLE FALLS DRIVE		
	Address		
WILMIN	GTON, DE 19808		
	City/State and Zip Code		
ANNUAI	LREPORTS@CSCGLOBAL.COM		
E-m	ail address: (to be used for future annual report r	notification)	
For furth	her information concerning this matter, p	lease call:	
RESIGNA	ATION DEPT at (	800	927-9801
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115, Florida Sta	tutes, the undersigned.			
CORPORATION SERVICE COMPANY . he		. hereby resig	nereby resigns as		
Name of Registered Agent			<b>,</b>		
Registered Agent for Power Home S	olar LLC				_
N	ame of Limited Liability C	ompany			_
M18000007990					
Document Number, if known	n				
A copy of this resignation was maile	ed to the above listed li	mited liability company at it	s last known a	ddress	
The agency is terminated and the off	lice discontinued on th	e 31st day after the date on v	which this state	ement i	is filed.
	Eylina E Januari Vice	MU C			
	Signature of F	Resigning Agent		~ `	
If signing on behalf of an entity:			131.	2023	
BY EYLIE	NA BAKER		<del>-</del>	ΑPR	
	Typed or Printed	Name		+	
VICE PRES	SIDENT				-
	Capacity			PH	<u>7</u>
			<u> </u>	1: 13	رب. ا
	FILING FEES:				
	\$ 85.00 Active lim \$ 25.00 Administra withdrawr	ited liability company nively dissolved/voluntarily Himited liability company	dissolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314