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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

LLC DISSOLUTION OR WITHDRAWAL CLEARSKY POWER & TECHNOLOGY FUND II LLC



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K. SALY

JAN - 4 2024

COVER LETTER

		n Section Corporations				
CUDIECT.		ClearSky Power & Technology Fund II LLC (Name of Foreign Limited Liability Company)				
SUBJECT:						
Dear Sir or	Madam:					
The enclose	d withdr	awal and fee(s) are submitte	d for tilin	ıg.		
Please return	n ali com	respondence concerning this	matter to	the following	ß.	
Nick-Anth	ony Buf	ord				
		(Name of Person)			-	
ClearSky P	ower & "	Fechnology Fund II LLC				
· · · · · · · · · · · · · · · · · · ·		(Firm/Company)			-	
11231 U.S.	Highwa	y 1, Suite 395				
		(Address)			-	
North Paln	n Beach,	FL 33408				
		(City/State and Zip Cod	e)		-	
For further i	nformat	ion concerning this matter, p	lease call	:		
Nick-Antho	ny Bufo	rd	at +	561	371-5650	
	(N	ame of Person)	at 1	(Area Code &	: Daytime Telephone Number)	
Re Di P.0	vision of the control	on Section of Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is	a check	for the following amount:				
□\$25 Filin	g Fee	☐ \$30 Filing Fee & Certificate of Status		Filing Fee & tified Copy	\$\int \$\sec\$ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ClearSky Power & Technology Fund II LLC	
(Name of limited liability company)	2824
Delaware	
(Jurisdiction of its organization)	5. 1
May 16, 2019	
(Date registered with Florida Department of State)	
M19000004907	<u>`c.</u> ;
(Florida Document Number)	
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutor this date will not be listed as the document's effective date on the Department.	y filing requirements,
(Signature of authorized representative)	·····
James Huff (Typed or printed name of signee)	

Filing Fee: \$25.00