

M21000005207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

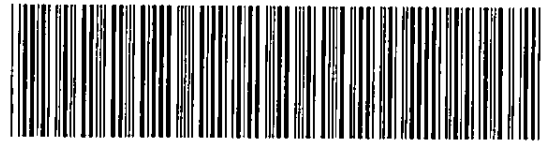
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SECRETARY OF STATE  
CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SunPower Capital Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M21000005207

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:

RESIGNATIONS DEPARTMENT

\_\_\_\_\_  
Name of Person

CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Name of Firm/Company

251 LITTLE FALLS DRIVE

\_\_\_\_\_  
Address

WILMINGTON, DE 19808

\_\_\_\_\_  
City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT

\_\_\_\_\_  
Name of Person

at ( 800 ) 927-9801  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Statutes, the undersigned,

CORPORATION SERVICE COMPANY, hereby resigns as

Name of Registered Agent

Registered Agent for SunPower Capital Services, LLC

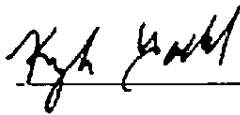
Name of Limited Liability Company

M21000005207

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:

BY KYLE TODD

Typed or Printed Name

VICE PRESIDENT

Capacity

## 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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

2024 NOV 21 AM 8:44

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