

PO7 0000 70313

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

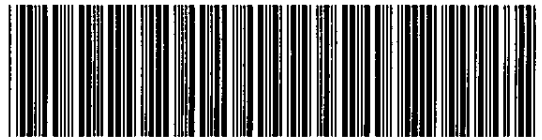
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/03/08--01049--001 **25.00

12/09/08--01018--003 **10.00

FILED
08 DEC -9 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign
12/10/08
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2008

BRUCE SALITURI
1379 SOUTH ANDREWS AVE.
POMPANO BEACH, FL 33069

SUBJECT: A & B SOLAR AND WIND POWER, INC.
Ref. Number: P07000070313

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 208A00056752

RECEIVED
NOV 11 2008
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

GP

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+B Solar And Wind Power, Inc.
(Name of Partnership)

DOCUMENT NUMBER: P07000070313

The enclosed Statement of Dissociation for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Salituri
(Name of Person)

Licensed Florida General Contractor Inc
(Firm/Company)

1379 S. Andrews Ave
(Address)

Pompano Beach, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Salituri at (561) 441-7222
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:


Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Bruce Salituri, hereby resign as Vice President
(Title)

of A+B Solar and Wind Power, Inc.
(Name of Corporation)

26-0369684, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314