

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6380

**From:**

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.  
 Account Number : I20120000083  
 Phone : (305) 593-0829  
 Fax Number : (305) 593-8744

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: YNELSON@TAXNELSON.COM

DEC 14 2017

**REGISTERED AGENT RESIGNATION**  
**VINARDELL POWER SYSTEMS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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December 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VINARDELL POWER SYSTEMS, INC.  
2714 NW 112TH AVE  
MIAMI, FL 33172

SUBJECT: VINARDELL POWER SYSTEMS, INC.  
REF: P07000090712

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE NOTE THAT THE FEE FOR THE REGISTERED AGENT RESIGNATION IS \$87.50 AND A SEPARATE FILING FEE OF \$35.00 IS ALSO DUE ALONG WITH THE RESIGNATION OF OFFICER/DIRECTOR FORM. PLEASE RESUBMIT TWO SEPARATE FILINGS.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H17000324563  
Letter Number: 817A00025147

H170003245633

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ALFREDO GUERRERO

(Name of Registered Agent)

hereby resigns as Registered Agent for VINARDELL POWER SYSTEMS, INC

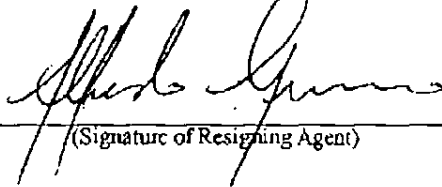
(Name of Corporation)

P07000090712

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

FILED  
17 DEC 13 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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