120000172651

(Re	questor's Name)	
_ (Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nami	e)
·	·	•
(Do	cument Number)	
•	,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		ì
<u> </u>		

Office Use Only



400354795634

11/18/20--01009--023 **55.00

2020 NOV 10 PM 5: 09 SECRETARY OF STATE

12/9/20



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reliable Plumbing Plus LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Christopher Stewart (Contact Person)
Reliable Plumbing Plus LLC
1342 Harvard DR (Address)
Coulf Breeze FL 32563 (City/State and Zip Code)
For further information concerning this matter, please call:
Chris Stewart at (850) 748-0255 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ S25 Filing Fee
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



PILED 2020 NOV 10 PH 5: 09 SECRETARY OF STATE TALLAHASSTERI

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: R	eliable Plumbing Plus I.I.C.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u> L2000013</u>	22651
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10/2/20
	hereby withdraw/resign as a me of Person Resigning)
Ambr	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Med	46-51
Signature of Di	ssociating Member or Resigning Manager
•	S25.00 (Required)
Certified Copy:	S30.00 (Optional)