L050000017167

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
· ——						

Special Instructions to Filing Officer:

L. SELLERS

MAY 2 0 2009

EXAMINER

Office Use Only



900155924639

05/18/09--01026--021 **25.00

O9 MAY 19 AM 8: 01
SECRETARY OF STATE

COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJ	ECT:	Outhouse Plumbing LLC		
	(Name of Limited Liability Company)			
The enfiling.	closed	l member, managing member or ma	nager resig	gnation and fee(s) are submitted fo
Please	return	all correspondence concerning this	matter to:	
Mich	ael l	Harvey		_
		(Contact Person)		
Mich	ael L	Harvey, P.A.		_
		(Firm/Company)		
1122	2 Thi	rd Street, Suite 3		
		(Address)		_
Nept	tune	Beach, Florida 32266		
		(City/State and Zip Code)		_
For fu	rther i	nformation concerning this matter, p	olease call:	:
Mich	ael L	Harveyat	904	242-8715
	(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclos	sed ple	ease find a check made payable to th	e Florida l	Department of State for:
	•	\$25 Filing Fee		\$55 Filing Fee &
				Certified Copy
STRE	ET/C	OURIER ADDRESS:		MAILING ADDRESS:
Regist	ration	Section		Registration Section
		Corporations		Division of Corporations
Cliftor				P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314
lallah	assee,	Florida 32301		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2009

MICHAEL L. HARVEY 1122 THIRD STREET, STE. 3 NEPTUNE BEACH, FL 32266

SUBJECT: OUTHOUSE PLUMBING, LLC

Ref. Number: L05000001767

We have received your document for OUTHOUSE PLUMBING, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Letter Number: 109A00014804

Leslie Sellers Regulatory Specialist II



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company a		s of the Florida Department
of State is:	Outhouse Plumbing LL	C	·
2. This limited I Florida	iability company was organize	ed under the laws of:	
3. The Florida d <u>LO5000</u> (ocument/registration number o	of this limited liability cor	npany is:
4. I, Robert E	E. Kellow	, hereby resign as a	Member
(Prin	nt Name of Person Resigning)	,,	(Print Title)
of this limited resignation in	liability company and affirm the writing.	he limited liability compa	ny has been notified of my
	Plan Killer		
Signature of R	esigning Member, Managing I	Member or Manager	
Filing Fee:	\$25.00 (Required)		

\$30.00 (Optional)

09 MAY 19 AM 8: 01 Secretary of State attahassee Florida

CR2E079 (5/06)

Certified Copy: