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(Re	questor's Name)			
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Certified Copies	_ Certificates	of Status		
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, ELDEN

FILED

Registration Section TO: Division of Corporations

SUBJECT:	PRECISION BACKFLOW PREVENTION LLC				
	(Name of L	imited Liability Cor	npany)		
The enclosed	member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please return	all correspondence concernir	ng this matter to:			
LINDA A. W	/EBSTER				
	(Contact Person)				
PRECISION	BACKFLOW PREVENTI	ON LLC			
	(Firm/Company)		_		
4060 COMN	MERCIAL DRIVE		ì		
	(Address)		-		
SEBRING, I	FL 33870				
	(City/State and Zip Code)		-		
For further in	formation concerning this ma	atter, please call:			
LINDA A. W	EBSTER	863 at (385-0517		
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed plea \$25 Filing	ase find a check made payable Fee		Pepartment of State for: Fee & Certified Copy		
STREET/CO	DURIER ADDRESS:		MAILING ADDRESS:		

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

CR2E079 (2/14)

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



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)

	• • •	it appears on the records of the Flor	rida Department	
of State is:	ECISION BACKFLOW PRE	EVENTION LLC	·	
2. The Florida doc L0700011006		signed to this limited liability comp	oany is:	
3. The date this model of the second of the	EBSTER Name of Person Resigning)	gned or will withdraw/resign is:, hereby withdraw/resign as a	AY-7 EFARY S	Ť
	(Print Title)		AH YOU	カラ
of this limited lia resignation in wr	riting.	e limited liability company has been	55 W	
Signature of D	Welt- issociating Member or Resign	ning Managar		
Signature of D	issociating inclined of Resign	ing wanagei		
Filing Fee: Certified Copy:	` • /			