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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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2011 APR 29 PM & S

C. LEWIS

MAY - 2 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Total Plumbing (Name of Limited L	and Construction LL ( iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Alicia Smith (Contact Person)	
Total Plumbing and Co (Firm/Company)	nstruction LLC
P.O. BOX 568671 (Address)	
Orlando, FL 32804 (Chy/State and Zip Code)	<u> </u>
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (	407 018 - 13 2 4 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee  (K# 2202	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		pears on the records of the Florida Department  Construction LLC.
2. This limited liabili  Florid	ty company was organized unde	er the laws of:
	nent/registration number of this 0056863	•
4. I, Alicia A (Print Nan	Smi+h ne of Person Resigning)	, hereby resign as a <u>President</u> , MGMR (Print Title)
of this limited liabil resignation in writi		ited liability company has been notified of my
Alleiax	Smith	
Signature of Resign	ning Member, Managing Member	er or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
certified copy.	magrad (Obitoliai)	