

L10000052814

(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:

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FILED  
2016 APR 27 A 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2016

S MASON

April 28, 2016

To Whom It May Concern,

I am the owner of the company with document number L14000027244 and have no intention of reinstating that entity. I am releasing the name Drain Medics Plumbing, LLC to be used by my other entity document number L10000052814.

Warm Regards,

A handwritten signature in black ink, appearing to read 'Daniel J Ayers', written in a cursive style.

Daniel J Ayers

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESSENTIAL PLUMBING, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL J AYERS

\_\_\_\_\_  
Name of Person

ESSENTIAL PLUMBING, LLC

\_\_\_\_\_  
Firm/Company

10325 BRENDLE RD

\_\_\_\_\_  
Address

MYAKKA CITY, FL 34251

\_\_\_\_\_  
City/State and Zip Code

DAN@DRAINMEDICSFL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL J AYERS

941 223-9937  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

FILED  
APR 27 A 9 29  
2018  
TALLAHASSEE, FLORIDA  
CLERK OF COURT  
STATE OF FLORIDA  
NOT A REGISTERED AGENT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 1, 2016

  
Signature of a member of

Signature of a member or authorized representative of a member

DANIEL J AYERS

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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2018 APR 27 A 9:30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA