

L11000046963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

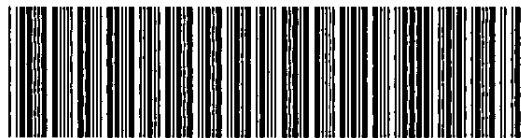
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
DEC 04 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOB BILLA'S SHJ PLUMBING LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOLEY BILLA
(Contact Person)

(Firm/Company)

2510 W. SHOLL POINT RD #121
(Address)

RUSKIN FL 33570
(City/State and Zip Code)

For further information concerning this matter, please call:

JOLEY BILLA at (813) 712 9580
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)

APPROVED
AND
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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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BOB GILLA'S SHI PLUMBING, LLC

2. This limited liability company was organized under the laws of:

FLA

3. The Florida document/registration number of this limited liability company is:

L 110000 46963

4. I, ROBERT GILLA, hereby resign as a MEM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Robert Gilla

Signature of Resigning Member, Managing Member or Manager

← (X)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC -3 PM 1:01

APPROVED
AND
FILED

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)