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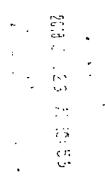
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/29/18--01014--016 **25.00



J. HARRIE

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations
SUBJECT: Total Plumbing & Construction II, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jason Smith (Contact Person)
Total Plumbing & Construction II LLC (Firm Company)
1725 Jessamine Ave (Address)
Orlando FL 32806 (City/State and Zip Code)
For further information concerning this matter, please call:
Tason Smith at (407) 435-9807 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: 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)

limited liability company as it appears on the	records of the Florida Department
al Plumbing and Constru	iction II, LIC
ment/registration number assigned to this lim	nited liability company is:
<u> </u>	
mber/manager withdrew/resigned or will with	ndraw/resign is: <u>Jan 22, 20</u> 18
	hdraw/resign as a
	company has been notified of my
	P 6 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
\$25.00 (Required) \$30.00 (Optional)	
	• •