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Dream Plumbing LLC

Name of Limited Liability Company DOCUMENT NUMBER: L13000139850 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Jo Spalinger Name of Person **Business Filings Incorporated** Name of Firm/Company 8020 Excelsior Dr. Suite 200 Address Madison, WI 53717 City/State and Zip Code BFI-RegisteredAgent@wolterskluwer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Jo Spalinger Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
BUSINESS FILINGS INCORPORATED , hereby res	igns as
Name of Registered Agent	-8
Registered Agent for DREAM PLUMBING LLC	
Name of Limited Liability Company	,
L13000139850	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at	its last known address.
The agency is terminated and the office discontinued on the 31st day after the date or May Solvage Signature of Resigning Agent	TES -2 RETARY
If signing on behalf of an entity:	Fish D
Mary Jo Spalinger	A II: 54 OF STATE
Typed or Printed Name	· ·
Assistant Secretary for BUSINESS Filings	Incorporated
Capacity	1

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314