

L14000146095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

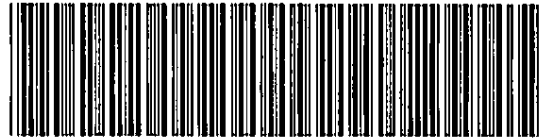
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/08/18--01004--025 \*\*25.00

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APR 08 2018

2018 APR -8 AM 9:18  
STATE OF MISSISSIPPI  
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APR 13 2018  
C. McNEIL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INNOVATIVE PLUMBING SOLUTIONS, 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:

VINCENT E. SCHINDELER

(Contact Person)

VINCENT E. SCHINDELER, P.A.

(Firm/Company)

2000 GLADES RD., SUITE 312

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT SCHINDELER

(Name of Contact Person)

at ( 954 ) 522-8686

(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

2019 APR -8 AM 9:16  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2013 APR -8 AM 9:16  
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FALLADA SUB F 16312

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: INNOVATIVE PLUMBING SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000146095

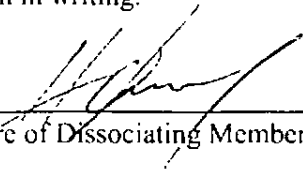
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2018

4. I, IVAN FILIPOV, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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