## L17000106279

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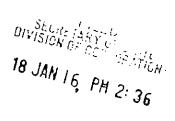
SECRETARY OF STATE DIVISION OF OCCUPENDATE

K SALY JAN 17 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations PAYLESS PLUMBING LLC SUBJECT: (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: Steffan X. Molina (Contact Person) Payless Plumbing LLC (Firm/Company) 10489 Greenbriar Court (Address) Boca Raton, FL 33498 (City/State and Zip Code) For further information concerning this matter, please call: Steffan X. Molina (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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)





## 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
2. The Florida doc L1700010627		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4 I Israel Castill	o	hereby withdraw/recion ac a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
	nager, and CEO	
<del> </del>	(Print Title)	
resignation in/w	bility company and affirm the	e limited liability company has been notified of my
Signature of U Israel Cast	issociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	