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SEUNE MARY OF STATE

RA Resignation

COVER LETTER

SUBJECT: Name of Limited Lie	ability Company		
DOCUMENT NUMBER: L17000210953			
The enclosed Resignation of Registered Agent for a Lifer filing.	imited Liability Company and fee	are subm	itted
Please return all correspondence concerning this matter	er to the following:		
Osiel Alvaez			
Name of Person			
AW Plumbing, Septic & Water Mitigation			
Name of Firm/Company			<u></u>
1845 Lynncest Rd.		ىل 20	138E
Address		JAH 2	25 25
Lakeland, FL 33803		2 6	187 187 187 187 187
City/State and Zip Code		PH	- 영유 - 영유
support@awplumbing.org		կ։ 58	TATE
E-mail address: (to be used for future annual report notifica	tion)		- S
For further information concerning this matter, please	call:		
Osiel Alvarez 863	210-9627		
	Code Daytime Telephone Number		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

We noticed that Curto is Still in the system as Margu and our address Thomas The Agent name,
I thought the Agent name,
Trom the acct, Please from Curdo Williams and address from Junbiz



January 14, 2020

OSIEL ALVAEZ AW PLUMBING, SEPTIC & WATER MITIGATION 1845 LYNNEST RD LAKELAND, FL 33803

SUBJECT: AW PLUMBING, SEPTIC, & WATER MITIGATION, LLC

Ref. Number: L17000210953

We have received your document for AW PLUMBING, SEPTIC, & WATER MITIGATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your name has been removed from this limited liability company so no future documents will include your information. It will not be removed from documents already submitted to this office. The attached resignation form is not required to be filed unless you want our records to show that you did formally resign from the company. If you wish to resign the filing fee will be \$85.00 because this is an active company filed with our office. If you want to leave the information as it is you can just request a refund of the \$25.00 that you have submitted for this particular filing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane: Cushing Senior Section Administrator

Letter Number: 920A00001039

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the un	dersigned,	
Curtis Williams		hereby resigns as	
	Name of Registered Agent	<u> </u>	
Registered Agent for			-
AW Plumbing, Septi	c & Water Mitigation		
	Name of Limited Liability Company	277	-,
L17000210953			
Documen	t Number, if known		
A copy of this resign	ation was mailed to the above listed limited liabili	ity company at its last known address.	
The agency is termin	nated and the office discontinued on the 31st day a	fter the date on which this statement is	s filed.
	auto & halling		-11
	Signature of Resigning Ager	20 Z	
If signing on behalf of	of an entity:	20 JAN 2 9	H 1
	Curtis Williams	8	
	Typed or Printed Name	P#	2000
	manager	.	0.50
	Capacity	58	ATIONS

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

FILING FEES:

\$ 85.00 Active limited liability company

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