L18 000 196 592

(Requestor's Name)					
(Address)					
(Address)					
, ,					
(City/Chang Fig/Fiberra 40)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

Office Use Only



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2022 SEP 23 PH 1: 52

DEC 21

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Jim Loop Plumbing 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:						
JAMES L LOOP (Contact Person)						
Jim Loop Plumbing, LLC, (Firm/Company)						
9450 PLAYA WAY						
Apopka FL 33703 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Name of Contact Person) at (407) 410-7331 (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						
Mailing Address: Registration Section Street Address: Registration Section						

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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)

1. The name of the	limited liability company as	it appears on the record	ls of the Florida Depa	irtment
of State is:	Im Loop Plu	embing, LIC	~ 	·
2. The Florida docu	ment/registration number as	signed to this limited li	ability company is:	
T1800	0196592	 .		
3. The date this mer	mber/manager withdrew/resi	igned or will withdraw/	resign is: <u>Sept</u>	1,2022
	ume of Person Resigning)			
_pme	Print Title)			
of this limited liab resignation in wri	oility company and affirm the	e limited liability comp	any has been notified	of my
/ les	Stolp			
Signature of Dis	ssociating Member or Resign	ning Manager		
			7	2022
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		:	दुर [[†]
Certified Copy:	\$50.00 (Optionar)		.:	(C)
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