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(R	Requestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
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☐ PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	Ocument Number)	
Certified Copies	Cartificates of	Status
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Special Instructions to	Filing Officer.	
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11/14/23--01025--013 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Reliable plumbing plus LLC (Kame of Limited Liablity Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Christopher My Stewart (Contact Person)
Reliable flumbing plus LLC
1347 Harvard Dr.
GULF Breeze Fl. 37563 (City/State and Zip Code)
For further information concerning this matter, please call:
hristopher Sternsf at (850) 748-0755 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\topsigma}\$25 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81

Tallahassee, FL 32303



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
of State is:	eliable plumbing plus LC.
2. The Florida docu	ument/registration number assigned to this limited liability company is:
_L200	00 122651
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10-20-23
4. I. Melind (Print N	A Steva, F, hereby withdraw/resign as a fume of Person Resigning)
MANA	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Me	Lander A
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)