## L20000135767

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cir	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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22 SEP | 9 PM 2: 42

## **COVER LETTER**

TO: Registration Section	•	
Division of Corporations		
SUBJECT: S & T PLUMBING LLC		
(Name of Limited Liability Con	mpany)	
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this matter to:		
Steven T. Branch	_	
(Contact Person)		
S & T Plumbing LLC		
(Firm/Company)	_	
2321 Honey Drive	6)	
(Address)	22 SE	:- ; == (
Lakeland, FL 33801	SEP 19	F. 7.
(City/State and Zip Code)		
For further information concerning this matter, please call:	PM 2: 42	
Steven T. Branch at (863	) 709-7262	17.
	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I  ☐ \$25 Filing Fee ☐ \$55 Filing	Department of State for: g Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	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)

1. The name of the	limited liability company	as it appears on the records of the Flor	rida Department
of State is: S	ε T PLUMBING LLC		
2. The Florida doc	ument/registration number	assigned to this limited liability comp	any is:
L20000	0135767		
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:	
4. I, <u>TYFANNIA</u> (Print N	A. SUTTON  'ame of Person Resigning)	, hereby withdraw/resign as a	
MGRM	(Print Title)	-	
of this limited lia resignation in wr		the limited liability company has beer	n notified of my
5//			22 SEF
Signature of D	issociating Member or Res	igning Manager	19 19
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		PH 2: (