h22000018788

(Requestor's Name)		
(Address)	. •	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of State	us	
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COVER LETTER

TO: Re	egistration Section				
D	ivision of Corporations				
SUBJEC	LOYALTY PLUMBING LLC				
		(Name of Limited Liability Company)			
The enclo	osed member, resignation or diss	sociation and fee	(s) are submitted for filing.		
Please ret	urn all correspondence concerni	ing this matter to	y;		
Joshua Wa	in				
	(Contact Person)	<u>.</u>			
Drain Meel	hanics				
••	(Firm/Company)	- -	<u> </u>		
PO Box 60	564				
-	(Address)				
Palm Bay,	Fl. 32906				
	(City/State and Zip Code)				
For furthe	er information concerning this m	natter, please call	l:		
Joshua Wai	in	954 at (625-0252		
	(Name of Contact Person)		le & Daytime Telephone Number)		
Enclosed	please find a check made payab	le to the Florida	Department of State for:		
□ \$25 Fi			ng 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

To Whom it may concern,

I, Joshua Wain should not have been listed on this business at all. Please remove me as soon as possible. Please let me know if you need anything else from me or feel free to call me with any questions.

Thank you Joshua Wain 954-625-0252

P.O. BOX 60564 PALM BM, FL. 32906



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)

	e limited liability company as it appears on the records of the Florida Department ALTY PLUMBING LLC
2. The Florida doc 1.22000018788	ument/registration number assigned to this limited liability company is:
Leabage Walm	ember/manager withdrew/resigned or will withdraw/resign is: 1/10/2022
1 . I,	, hereby withdraw/resign as a Name of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
Signature of D	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) / \$30.00 (Optional)
.comea.comv	.5 YO UU TU MAAAAA IV