L22000470285

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Resign

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COVER LETTER

SUBJECT: Callaways Plumbing and Repair (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:					
Christopher R Ennis (Contact Person)					
Dersonal Property (Firm/Company)					
519 Mulholland Park					
Palatka, FL 32177 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (380) 983-6442 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\$\sum_{\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\tex{					

Street Address:

Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations



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 lin	mited liability company as it appears on	the records of the Florid	da Department
of State is:	ulaway's Plumbii	ng and Rei	pair LLC
	nent/registration number assigned to this	limited liability compa	ny is:
L2200	ber/manager withdrew/resigned or will whereby		11/2/20
3. The date this mem	ber/manager withdrew/resigned or will v	withdraw/resign is: 🔟	22022
4. I, <u>(Print Nam</u>	hereby ne of Person Resigning), hereby	withdraw/resign as a	,
	GLY. rint Title)		
of this limited liabil resignation in writing	lity company and affirm the limited liabing.	lity company has been i	notified of my
haus	John Emmi		ation E
Signature of Diss	ofiating Member or Resigning Manager	·	NOV T
Filing Fee:	, -		4
Certified Copy:	\$30.00 (Optional)	רבו	इ 😎 📶