

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : JOHNSON POPE - CLEARWATER
Account Number : I20230000160
Phone : (727)461-1818
Fax Number : (727)441-8617

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SECRETARY OF STATE
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
J&S PLUMBING, LLC

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Corporate Filing Menu

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K. SALY

NOV 13 2024



November 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

J&S PLUMBING, LLC
6208 E. COLUMBUS DR
TAMPA, FL 33619US

SUBJECT: J&S PLUMBING, LLC
REF: L24000159170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Is this a cancellation or an amendment? If you are cancelling please circle "cancellation". If you are amending, please state what is being amended.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000372657
Letter Number: 424A00024678

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: J&S PLUMBING, LLC

SECOND: The Florida Document number of the limited liability company is: L24000159170

THIRD: The street address of the limited liability company's principal office is:

6208 E. COLUMBUS DRIVE

TAMPA, FL 33619

The mailing address of the limited liability company's principal office is:

7208 E. COLUMBUS DRIVE

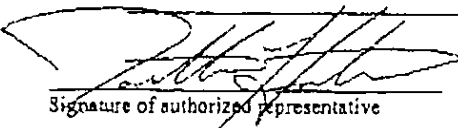
TAMPA, FL 33619

FOURTH: The date the statement of authority became effective is: APRIL 26, 2024

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

JONATHON HATHORN
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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