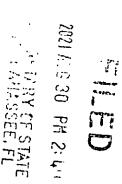
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	()
PICK-UP WAIT	MAIL
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(Business Entity Name)
(Document Number)	<u>. </u>
Certified Copies Certificates o	f Status
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Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER ABORIVED

10:	Division of Corporations	2421 AUS 30 PM 2: 43
SUBJ	ECT: United Plumbing + D (Name of Corporation)	rain Inc.
DOC	ument number: <u>00700053704</u>	
The c	nclosed Officer/Director Resignation for a Corporation and fee	are submitted for filing.
Please	e return all correspondence concerning this matter to the following	ng:
	Angela Reiner, Esz. (Name of Person)	
<u></u>	(Name of Firm/Company)	
_ F	9.0. Box 340180 (Address)	
	City/State and Zip Code)	
	Arther information concerning this matter, please call: (Name of Person) at (813) 479 (Area Code & Dayting)	ne Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Alma Oliva	, hereby resign as President (Title)	
of United Plumbi	ing + Druin Mc.	
	, a corporation organized under the laws of the State of	
Florida	<u> </u>	
- Jhi	Signature of resigning officer/director) FILING FEE IS \$35.00	Page 10 page 1
F	FILING FEE IS \$35.00 SSET THE STATE OF THE	
Make checks payable	to Florida Department of State and mail to:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314