

L16 000020830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

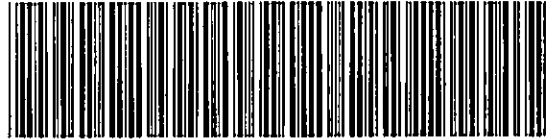
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG -3 AM 9:03

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COVER LETTER

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TO: Registration Section  
Division of Corporations

2022 MAY 18 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FL

SUBJECT: WE CREATE LIFT LLC  
\_\_\_\_\_  
(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:

WILLIAM WECKEL  
\_\_\_\_\_  
(Contact Person)

WE CREATE LIFT  
\_\_\_\_\_  
(Firm/Company)

403 HOLLYWOOD BLVD NW STE B-105  
\_\_\_\_\_  
(Address)

FORT WALTON BEACH, FL 32548  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM WECKEL at ( 850 ) 830-2970  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee
- \$55 Filing 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



RECEIVED

2022 AUG -3 AM 7:53

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DATE  
TIME

July 21, 2022

WILLIAM WECKEL  
403 HOLLYWOOD BLVD NW  
STE B-105  
FORT WALTON BEACH, FL 32548

SUBJECT: WE CREATE LIFT LLC  
Ref. Number: L16000020830

2022 AUG -3 AM 11:20

REGISTRATION  
SPECIALIST  
DIVISION

We have received your document for WE CREATE LIFT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 922A00016358



FILED

2022 AUG -3 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FL

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 Florida Department of State is: WE CREATE LIFT LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000020830

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 5, 2022

4. I, MARK A. THOMAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

PARTNER / AMBR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)