## L12000136390

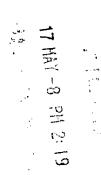
(Re	equestor's Name)			
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O SIMMONS MAY 0 9 2017

## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Gulf Lifts of Florida and Alal	oama LLC	
	(Name of Lim	ited Liability Con	npany)
The enclosed	I member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Lloyd Simo	nson		
-	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	_
Gulf Lifts of	f Florida and Alabama LLC		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
2641 San (	Clemente Dr		
	(Address)		<del>-</del>
Milton, FL 3	32583		
	(City/State and Zip Code)		-
For further in	nformation concerning this matt	er, please call:	
Lloyd Simo	nson	850	995-4369
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable t g Fee		Department of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of C	•		Division of Corporations
Clifton Build	ling ive Center Circle		P.O. Box 6327
	Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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 Flori	da Department
of State is:	Lifts of Florida and Alabar	ma	•
2. The Florida doc	ument/registration number as	signed to this limited liability compa	ıny is:
L12000136390			
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	31/2016
1 (1) 01			
(Print N	ame of Person Resigning)	hereby withdraw/resign as a	150
Managing Me	ember		् च
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been	notified of my
	N. Simonson		
	ssociating Member or Resign		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		