

L15000156451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

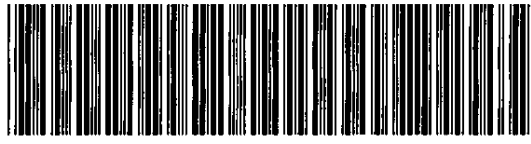
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/29/15--01024--024 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC 28 PM 5:07

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K. SALLY  
EXAMINER  
DEC 30 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Geared Up Industries 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:

Robert J. Thomas  
(Contact Person)

Geared Up Industries LLC  
(Firm/Company)

13407 Chambord St.  
(Address)

Brooksville, FL 34613  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Thomas at (352) 428-4606  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2015 DEC 28 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Geared Up Industries LLC

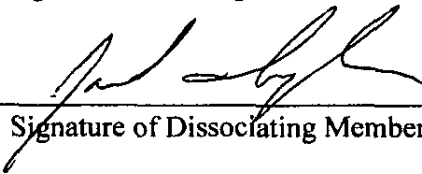
2. The Florida document/registration number assigned to this limited liability company is: L15000156451

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/1/15

4. I, Joel Ingle, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

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)