

L16000185243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

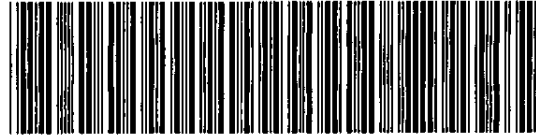
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300292688253

12/01/16--01009--002 \*\*25.00

FILED  
DEC - 1 P 1:04  
CLERK OF STATE  
TAMPA, FLORIDA

S Warren

DEC 02 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOCK A LOT 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:

JOHANNA SIMONE ULETT  
(Contact Person)

LOCK A LOT LLC  
(Firm/Company)

9325 LAGOON PL SUITE 406  
(Address)

DAVIE FL 33324-06737  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHANNA SIMONE ULETT at (954) 6874367  
(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

**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: LOCK A LOT
2. The Florida document/registration number assigned to this limited liability company is:  
L16000185243
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/1/2016
4. I, LEONARD BAILEY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(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)

2016 DEC -1 P 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED