## L17000027739

(Requestor's Name)				
(Address)				
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	i			
Special Instructions to Filing Officer:				

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SECRETARY OF STATION OF CORPORATION OF CORPORATION

N. CAUSSEAUX AUG 1 4 2017

## **COVER LETTER**

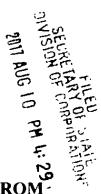
TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations				
SUBJECT:	Budget Lift Brothers, LLC				
SOBJECT.	(Name of Limited Liability Company)				
The enclosed	I member, resignation or disso	ociation and fee(s	s) are submitted for filing.		
Please return	all correspondence concernir	ng this matter to:			
Tracey Enri	quez				
	(Contact Person)		_		
Budget Lift	Brothers, LLC				
	(Firm/Company)		_		
2721 Whisp	pering Trails Dr				
<del></del>	(Address)		_		
Winter Hav	en, Fl 33884				
	(City/State and Zip Code)		<del></del>		
For further in	nformation concerning this ma	atter, please call:			
Tracey Enr	iquez	863	353-6758		
(N	lame of Contact Person)		e & Daytime Telephone Number)		
Enclosed plo	ease find a check made payablg Fee		Department of State for: g Fee & Certified Copy		
Registration Division of Clifton Build 2661 Execut	Corporations		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)

	e limited liability company as	s it appears on the records of the Florida Department
2. The Florida doo L1700002773	-	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, David Hunt		, hereby withdraw/resign as a
(Print AMBR	Name of Person Resigning)	
resignation in w		gning Manager
	\$25.00 (Required) \$30.00 (Optional)	