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(Re	questor's Name)				
(Ad	dress)	_			
(Ad	dress)				
(Cit	y/State/Zip/Phone	<i>⇒</i> #)			
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COVER LETTER

-	sion of Corporations						
SUBJECT:	U-DO-IT AUTOMOTIVE L	IFT RENTAL L	LC				
oob con	(Name of I	(Name of Limited Liability Company)					
The enclosed	d member, resignation or disse	ociation and fee(s	s) are submitted for filing.				
Please return	all correspondence concernit	ng this matter to:					
MARK PAR	RELLO						
	(Contact Person)		_				
U-DO-IT A	UTOMOTIVE LIFT RENTA	L LLC					
	(Firm/Company)		_				
3103 NW 1	14 AVENUE						
	(Address)		-				
CORAL SP	RING FL 33065						
	(City/State and Zip Code)		-				
For further in	nformation concerning this ma	atter, please call:					
JEROME L	SCHWARTZ	95 4 at (580-0880				
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)				
Enclosed ple \$25 Filing	ase find a check made payable g Fee		Pepartment of State for: Fee & Certified Copy				
STREET/CORegistration	OURIER ADDRESS:		MAILING ADDRESS: Registration Section				
Division of C	Corporations		Division of Corporations				
Clifton Build	ling ive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314				
	Florida 32301		rananassee, Fiorida 52514				

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)

	limited liability company as O-IT AUTOMOTIVE LIFT	it appears on the records of the I	Florida Department
2. The Florida docu L1800000143		ssigned to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	03/01/2018
4. I, VINCENT PARELLO (Print Name of Person Resigning)		, hereby withdraw/resign as a	
MGR			
-	(Print Title)		
of this limited lial resignation in wri		e limited liability company has b	een notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		18 Kas 22 PA 12