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(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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Office Use Only



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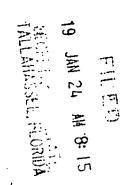
COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gifts and Plus LLC		
(Name of Limi	ted Liability Com	pany)
The enclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Lisa M. Taylor		
(Contact Person)	· · · · ·	-
Gifts and Plus LLC		
(Firm/Company)		-
488 Tierra Drive		_
(Address)		
Spring Hill, Florida 34609		
(City/State and Zip Code)		-
For further information concerning this matte	er, please call:	
Lisa M. Taylor	201	406-4262
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)







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 a	ppears on the records of the F	lorida Department
of State is:	ifts and Plus LLC		
2. The Florida docu L19000001	ıment∕registration number assigr 258	ned to this limited liability cor	npany is:
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is: ,	01/02/2019
Joseph L.	Cook	hereby withdraw/resign as a	
(Print N	GOOK Jame of Person Resigning)		
Manager			
1	(Print Title)		
resignation in wr	bility company and affirm the lin		een notified of my
U		. 5	
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		