

K22 00000 93167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

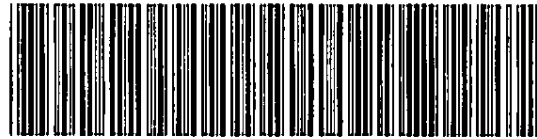
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100382915621

03/14/22--01022--009 \*\*25.00

2022 MAR 14 PM 7:04  
FILED  
MAR 14 2022

O SIMMONS  
MAR 24 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lifted Investments, 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:

Connor B Bailey

(Contact Person)

Lifted Investments, LLC

(Firm/Company)

2411 SW 7th Ave

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Connor B Bailey

at ( 352 ) 857-3647

(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

ck # 2398

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

