12200009167

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	
, - ·	-,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Dr	cument Number)	
(50	ournell Humbery	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
<u> </u>		-

Office Use Only



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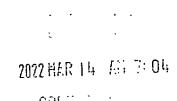
O SIMMONS MAR 24 2022

COVER LETTER

-	stration Section ion of Corporations			
SUBJECT:	Lifted Investments, LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or disso	ociation and fee	(s) are submitted for filing.	
Please return	all correspondence concerning	ng this matter to	:	
Connor B Baile	ey .			
	(Contact Person)		-	
Lifted Investme	ents. LLC			
	(Firm/Company)		—	
2411 SW 7th A	ve			
	(Address)	·		
Ocala, FL 3447	'1			
	(City/State and Zip Code)	-	_	
For further in	nformation concerning this ma	atter, please call	:	
Connor B Baile	y	352 at (857-3647 	
(N:	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclosed ple	ase find a check made payable g Fec CK #2398		Department of State for: ng Fee & Certified Copy	
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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)

	e limited liability company as it appears on the records of the Florida Department d Investments, LLC
2. The Florida doc L22000093167	ument/registration number assigned to this limited liability company is:
3. The date this ma	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Lora B Robinso (Print)	h hereby withdraw/resign as a warm of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting.
1/0,0	Z I
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)