

P21000013125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

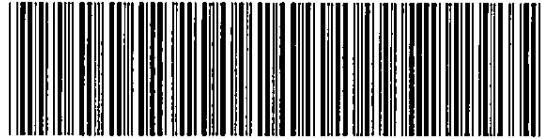
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23 SEP 11 PM 12:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEVEL UP SHOP INC

(Name of Corporation)

DOCUMENT NUMBER: P21000013125

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MONASTIRSKI, MICHAEL

(Name of Person)

LEVEL UP SHOP INC

(Name of Firm/Company)

7957 N UNIVERSITY DRIVE SUITE 151

(Address)

PARKLAND, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

MONASTIRSKI, MICHAEL at (917) 525-7787

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
23-SEP-11 PM 2:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

I, ALAN KOIFMAN, hereby resign as VP
(Title)

of LEVEL UP SHOP INC
(Name of Corporation)

P21000013125, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314