10891000 Hall

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300082828963

01/10/07--01011--021 **25.00

07 JAN 10 PM 2: 58

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEW LEVEL ENTERPRISE LLC
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
SHELLEY LOZIER
(Contact Person)
NEW LEVEL ENTERPRISE LLC
(Firm/Company)
1802 N University Drive SUITE 102-365
(Address)
PLANTATION,FL 33322
(City/State and Zip Code)
For further information concerning this matter, please call:
SHELLEY LOZIER
(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
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it ap	•
of State is: NEW LEVEL ENTERPRISE	LLC
2. This limited liability company was organized und	er the laws of:
FLORIDA	•
3. The Florida document/registration number of this	limited liability company is:
L04000019806	
_{4. I,} MARVIN DURAND	, hereby resign as a MANAGER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Signature of Resigning Member, Managing Memb	er or Manager

07 JAN IN PM 2: 58

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: