

10500026843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

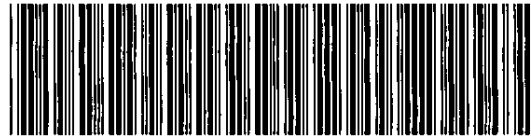
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/06/09--01025--025 \*\*25.00

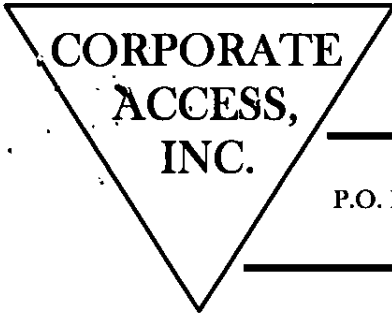
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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TO ACKNOWLEDGE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 6 2009

EXAMINER



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

3/6 Emily

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING PA Resignation \_\_\_\_\_

1. Levinvestor, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**CORPORATE ACCESS, INC.**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **LEVINVESTOR, LLC**

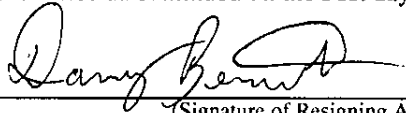
(Name of Limited Liability Company)

**L05000026843**

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

**DANNY BENNETT**

(Typed or Printed Name)

**PRESIDENT**

(Capacity)

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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