## L05000/23084

| (Requestor's Name)                      |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|
| •                                       |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|                                         |  |  |  |  |  |  |
| -(Address)                              |  |  |  |  |  |  |
|                                         |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| · PICK-UP · WAIT . MAIL                 |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|                                         |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|                                         |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|                                         |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|                                         |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE SHALL ANASSEE, FLORID

J. BRYAN

JUN 17 2010

EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                                       |     |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|--|--|
| SUBJECT: Next LEVEL ENTERPRISES, 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:                                                                                                                                                                                             |     |  |  |  |  |  |
| Kenneth B. Cobb III (Contact Person)                                                                                                                                                                                                                    |     |  |  |  |  |  |
| (Contact Person)                                                                                                                                                                                                                                        |     |  |  |  |  |  |
| Next Level Enterprises, LLC  (Firm/Company)  ESS                                                                                                                                                                                                        |     |  |  |  |  |  |
|                                                                                                                                                                                                                                                         |     |  |  |  |  |  |
| 632 Woodview Dr., (Address)                                                                                                                                                                                                                             |     |  |  |  |  |  |
| (Address)                                                                                                                                                                                                                                               |     |  |  |  |  |  |
| Longwood, FL 32779  (City/State and Zip Code)  ARETARY  (City/State and Zip Code)                                                                                                                                                                       |     |  |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                            | ,,, |  |  |  |  |  |
| (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 \$  Certified Copy                                                                                                                                   |     |  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |     |  |  |  |  |  |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| ,                                          |                                        | _                                      | i<br>i.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------|----------------------------------------|----------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | limited liability company              |                                        |                    | orida Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| of State is:                               | Next Lewi                              | Enterpris                              | ses; LLC           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                            |                                        | •                                      | •                  | SECRI<br>TALLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                            | lity company was organi                | ized under the laws                    | of:                | 超三                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| F10                                        | rida                                   | ************************************** |                    | SSE 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                            |                                        |                                        | ,                  | · 中子                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| •                                          | ment/registration number               | er of this limited liab                | bility company is: | STATE FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (Print No                                  | n B. Shive<br>ame of Person Resigning) |                                        | (P                 | Print Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| of this limited liab<br>resignation in wri | oility company and affirm<br>ting.     | n the limited liabilit                 | y company has be   | en notified of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Muth_                                      | belli                                  |                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -Signature of Resi                         | gning Member, Managin                  | g Member or Mana                       | ger                | and the same of th |
|                                            |                                        | · · · · · · · · · · · · · · · · · · ·  | ·                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Filing Fee:                                | \$25.00 (Required)                     | •                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Certified Copy:                            | \$30.00 (Optional)                     |                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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