Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone

: (888)491-1120

Fax Number

: (954)343-6962

Michelle Narea-Popu

## REGISTERED AGENT RESIGNATION

SHLOMO LEVI LLC

Certificate of Status	1
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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		a Statutes, the undersigned,, hereby resigns as
Name of Ka	gistered Agent	, hereby resigns as
egistered Agent for SHLOMO LEVI, LLC		EVI, LLC
1	Name of Limited Liability Company	7
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Document Number, if know	m	
		bility company at its last known address.  y after the date on which this statement is filed agent
If signing on behalf of an entity;		
	Typed or Printed Name	
	Capacity	

Active limited liability company
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withdrawn limited liability company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

INHS17 (08/05)