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Account Number : I2010000035 Phone : (561)721-6719 Fax Number : (561)721-6733

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SUBJECT:	Nivel, LLC		
JOMUSCI.	(Name of	Limited Liability Co	oinpany)
The enclosed	l member, resignation or dis	sociation and fee((s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	:
Catherine S	Steward		
10010	(Contact Person)	.,	.
Katz & Doo	rakian Law Firm, P.L.		
	(Firm/Company)		
625 N. Flag	ler Drive, Suite 605		
	. (Address)		_
West Palm	Beach, FL 33401		
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Catherine S	Steward	at (721-6719
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Registration Division of C Clifton Build 2661 Execut	Corporations	·	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (2/14)			

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CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

2. The Florida doc L1000005994	J	ssigned to this limited liability com	pany is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:	7/07/2015
_{ат} Martin V. Ka	itz	, hereby withdraw/resign as a	L-7
	Name of Person Resigning)		
Manager			90
	(Print Title)		कुल क
of this limited lie resignation in w		e limited liability company has bee	n notified of 1
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		