

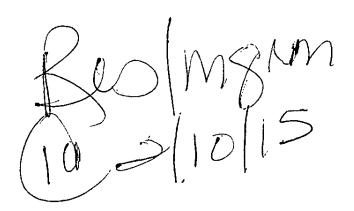
(Requ	uestor's Name)	
(Addı	ress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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Special Instructions to Filing Officer:		





02/04/15--01026--009 **25.00





COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Levron Intunational (Name of Limited Liability Company)	LLC
(Name of Limited Liability Company	')
The enclosed member, resignation or dissociation and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter to:	
p. / // /-	
Brad Hert (Contact Person)	
(Contact I Cison)	
(Firm/Company)	
2065 Riverland Rel	
(Address)	
It Landerale FL 33312	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
BRAD HEATZ at (954)	3255300
(Name of Contact Person) (Area Code & D	aytime Telephone Number)
Enclosed please find a) check made payable to the Florida Depar	
□ \$25 Filing Fee □ \$55 Filing Fee	& Certified Copy
STREET/COURIER ADDRESS: MA	ALLING ADDRESS:
	sistration Section
-	ision of Corporations
	. Box 6327
<u> </u>	lahassee, Florida 32314
Tallahassee, Florida 32301	

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Levon International LLC.
2. The Florida document/registration number assigned to this limited liability company is:
<u>L11000024401</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: //a/15
4. I, BOAD HENTZ, hereby withdraw/resign as a (Print Name of Person Resigning)
Managy Membr. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
All
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)