## 117000084843

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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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08/28/17--01020--002 \*\*25.00



## **COVER LETTER**

Division of Corporations
SUBJECT: Level Up M edia Agency 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:
Calvin Ottkell (Contact Person)
Level 4p Media Agency, We (Firm/Company)
380 Vista Court drive #1214  (Address)
Plano texas 75074 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 748.8598  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee  \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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:  Level Up Media Agency, LLC
2. The Florida document/registration number assigned to this limited liability company is:
<u> 17 0000 84843</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Caleb Curl , hereby withdraw/resign as a (Print Name of Person Resigning)
Owner
(Print Title)
of this limited liability company and affirm the limited liability company has been my resignation in writing.  Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: