

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(Only State Ziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Eccament Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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ALLAHASSEE FROM

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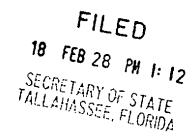
## **COVER LETTER**

TO: Registration Section Division of Corporations	
LEVIN SHAPIRO LLC SUBJECT:	
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
DAVID LEVIN	
(Contact Person)	
LEVIN SHAPIRO LLC	
(Firm/Company)	<del></del>
120 LEHANE TER.	
(Address)	
NORTH PALM BEACH, FL 33408	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
David Zevin	at (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	o the Florida Department of State for:  \$\square\$ \$\$\$ \$\$ \$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	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)

LEVI	limited liability company as it appears on the records of the Florida Department N SHAPIRO LLC
2. The Florida docu L18000004246	ment/registration number assigned to this limited liability company is:
NATALIIA ZH	nber/manager withdrew/resigned or will withdraw/resign is:  ELUDKOVA, hereby withdraw/resign as a  nme of Person Resigning)
of this limited liab	Print Title)  ility company and affirm the limited liability company has been notified of my
resignation in wri	
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)