L18000279448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

A. RIVERS

MAY 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Level Up Nutrition
Name of Limited Liability Company

DOCUMENT NUMBER: L18000279448

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrian Sanchez
Name of Person

Level Up Nutrition LLC
Name of Firm/Company

34640 Pinehurst Greene Way
Address

Zephryhills Florida 33541
City State and Zip Code

AdrianSanchez2014@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian Sanchez at 813 360-6592
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, volantarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2-14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Adrian Sanchez, hereby resigns as
Name of Registered Agent

Registered Agent for Level Up Nutrition
Name of Limited Liability Company

L18000279448
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~FILING FEES:~~
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved voluntarily dissolved withdrawn limited liability company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 (2-14)