121000048554

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOUSE OF NEXT Level images 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:
Tonesha Chaney (Contact Person)
HOUSe of next level, mages LLC (Firm/Company)
43210Sce01a trail 201
K, SS, mmee, Fl 34746 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonesha Chaney at (414) 324-3125 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\$\\$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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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 Depart of State is: HOUSE OF NEXT LEVEL Trages	
2. The Florida document/registration number assigned to this limited liability company is: L21000048554	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	2021
4. I. Tonesha Chaney , hereby withdraw/resign as a (Print Name of Person Resigning)	
Manager. Il Print Title)	
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.	of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	