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(Re	equestor's Name)	
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## **COVER LETTER**

**Division of Corporations** NEXT LEVEL UP MEDIA LLC **SUBJECT:** (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: Jose Ulloa (Contact Person) (Firm/Company) 9224 Reflection Pointe Dr. (Address) Windermere, FL 34786 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Jose Ulloa (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

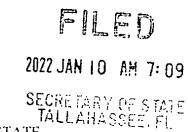
CR2E079 (2/14)

Tallahassee, FL 32314

TO:

Registration Section





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)

	Elimited liability company as it appears on the records of the Florida Department TLEVEL UP MEDIA LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: Dec 10th, 2021
4. I. Jose Ulloa	. hereby withdraw/resign as a Name of Person Resigning)
MGR	
	(Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting.  Ullow
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)