## L23000228219

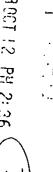
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Ousing a Cable Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



800417061048

10/12/23--01010--023 ++25.00





## 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)

Leve	limited liability company a Up Digital Marketing & Consul	s it appears on the records of the ting LLC	Florida Department
2. The Florida doc L23000228219	ument/registration number a	assigned to this limited liability co	ompany is:
	ember/manager withdrew/re	signed or will withdraw/resign is:	October 7, 2023
Jesse Gardner 4. I.		hereby withdraw/resign as	s a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as	
Title MGR			
	(Print Title)		
resignation in wr	riting.	he limited liability company has b	oeen notified of my
Signature of D	issociating Member or Resignation	gning Manager	} 2023 OCT
Filing Fee:	\$25.00 (Required)		001
•	\$30.00 (Optional)		2
			• •
			₽
			15.

## **COVER LETTER**

TO:	O: Registration Section				
	Division of Corporations				
SUBJE	Level Up Digital Marketing and Consulting LLC				
	(N	Jame of Limited Liability Co	mpany)		
The enc	losed member, resignation	or dissociation and fee(	s) are submitted for filing.		
Please r	eturn all correspondence co	oncerning this matter to:			
Jesse Ga	rdner				
	(Contact Person	)	_		
Level Up	Digital Marketing and Consulti	ing LLC			
	(Firm/Company	)	<del></del>		
51 First s	street apt 3				
	(Address)		_		
Melrose	Ma, 02176				
	(City/State and Zip	Code)	_		
For furt	her information concerning	this matter, please call:			
Jesse Gar	dner	978 at (	7707858		
	(Name of Contact Person)	<u> </u>	& Daytime Telephone Number)		
Enclose	d please find a check made	payable to the Florida I	Department of State for:		
<b>■</b> \$25 I	Filing Fee	□ \$55 Filing	g Fee & Certified Copy		
	Mailing Address:		Street Address:		
			Registration Section		
Division of Corporations			Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Γallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303