L24000 H28 19

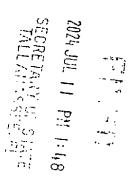
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section **Division of Corporations** Level Up Medical Billing And Coding, 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: Naomi Mosley (Contact Person) Level Up Medical Billing And Coding, LLC (Firm/Company) 468 SW Tulip Blvd (Address) Port St. Lucie, FL 34953 (City/State and Zip Code) For further information concerning this matter, please call: Naomi Mosley (Name of Contact Person) (Area Code & Daytime Telephone Number) 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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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)

		s it appears on the records of th	e Florida Department
of State is: Level	Up Medical Billing And Coding,	LLC	<u> </u>
2. The Florida docu	ıment/registration number a	ssigned to this limited liability	company is:
L24000042819			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	March 25, 2024
4. I, Josleine Josue (Print Name of Person Resigning)		, hereby withdraw/resign	as a
(Print N	ame of Person Resigning)		20
CEO/ Manager			ECR TAL
(Print Title)			2021 JUL 11
of this limited lial resignation in wri	oility company and affirm thiting.	ne limited liability company ha	
			[5]
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		