Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	LEVEL FIVE CONSULTING LLC ECT: Name of Limited Liabil	
		ity Company
DOC	UMENT NUMBER: M19000010261	
The e	nclosed Resignation of Registered Agent for a Limiting.	ed Liability Company and fee are submitted
Please	return all correspondence concerning this matter to	the following:
TRAÇ	EE COUTÓN	
	Name of Person	<del></del>
BLUX	BERGEXCELSIOR CORPORATE SERVICES, INC.	
***********	Name of Firm/Company	
100 //	ALL STREET, SUITE 503	
******	Address	<del>_</del>
NEW	YORK, NY 19905	
	City/State and Zip Code	<del></del>
<u>-</u>	-mail address: (to be used for future annual report notification	<del>)</del>
Fer fi	orther information concerning this matter, please cal	l:
TRAC	EE COTTON at ( See Area Co-	221-2972 X1550
	Name of Person Area Co-	de Daytime Telephone Number
Enclo liabili limito	sed is a check made payable to the Florida Departm ty company or \$25.00 for an administratively dissol d liability company.	ent of State for \$85,00 for an active limited ved, voluntarily dissolved or withdrawn

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Street Address:

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 605.0115, Florida Statutes, th	e undersigned,	
BLUMBERGENCELSIOR CORPORATE SERVICES, INC. hereby resigns as  Name of Registered Agent hereby resigns as			
Name	of Rogistered Agent	i itel oby realigita to	
Registered Agent for LEVEL I	IVE CONSULTING LLC		_
	Name of Limited Liability Company		<del>_</del> :
M19000010241			
Document Number, if	knows		
A copy of this resignation was	mailed to the above listed limited li	lability company at its last known address	j.
The agency is terminated and t	he office discontinued on the 31st d	lay after the date on which this statement	is filed.
************	NY 10 Sagnature of Resigning	Agent	
If signing on behalf of an entity	\	_	
- "	y Brooks		
	Typed or Printed Name		
ASSI	STANT SECRETARY	Z A	•
	Capacity		;
		- 第6 <b>5</b> - 第7 <b>5</b> - ステース	; •
	FILANG FERS: \$85.00 Active limited liab \$25.00 Administratively d withdrawn limited	FALL ARASSEE. TOP STAIL ARASSEE. AM 8: 2	0

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314