

P04000014092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

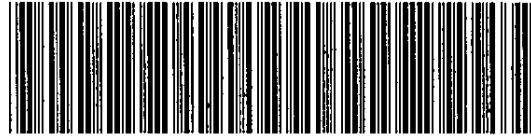
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK 9/15/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LEVINE GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000014092

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

SHARON A. LEVINE

(Name of Person)

1473 KEYS GATE DR

(Name of Firm/Company)

(Address)

MELBOURNE FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON LEVINE

(Name of Person)

at (321) 446-0496

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAUL D. LEVINE, hereby resign as D (Title)

of THE LEVINE GROUP, INC.
(Name of Corporation)

P04000014092, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Paul D. Levine
(Signature of resigning officer/director)

FILED
08 SEP 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314