

P11000041657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

FEB 06 2015

J. CARROTHERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 6308 Duval Dr Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000041657

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Samuel Strauch**

(Name of Person)

**Level 5 Services Inc**

(Name of Firm/Company)

**1680 Michigan Avenue, Suite 1024**

(Address)

**Miami Beach, FL 33139**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Samuel Strauch**

(Name of Person)

at ( **305** ) **6731160**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

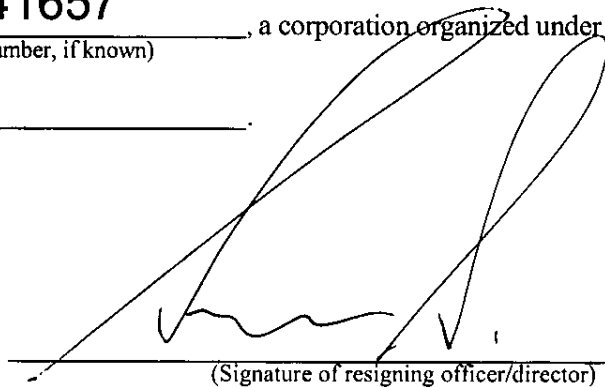
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Level 5 Services Inc, hereby resign as Manager  
(Title)

of 6308 Duval Dr Inc  
(Name of Corporation)

P11000041657, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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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