

P210000013125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

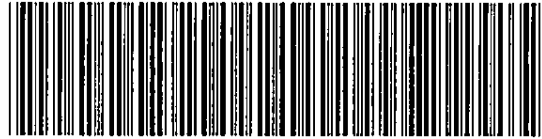
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OCT - 5 2023

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23 SEP 11 PM 12:40  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEVEL UP SHOP INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000013125  
\_\_\_\_\_

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

MONASTIRSKI, MICHAEL  
\_\_\_\_\_  
(Name of Person)

LEVEL UP SHOP INC  
\_\_\_\_\_  
(Name of Firm/Company)

7957 N UNIVERSITY DRIVE SUITE 151  
\_\_\_\_\_  
(Address)

PARKLAND, FL 33067  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MONASTIRSKI, MICHAEL at ( 917 ) 525-7787  
\_\_\_\_\_  
(Name of Person) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
23 SEP 11 PM 2:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

I, ALAN KOIFMAN, hereby resign as VP  
(Title)

of LEVEL UP SHOP INC  
(Name of Corporation)

P21000013125, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

**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