

L130000 12668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

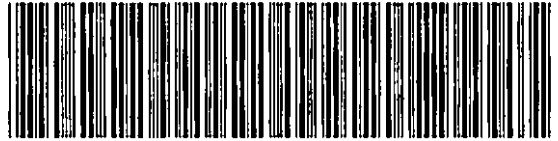
(Business Entity Name)

(Document Number)

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09/23/16--01023--026 \*\*25.00

09/23/16 3:00 PM  
09/23/16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L13000012668  
\_\_\_\_\_  
(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:

LUCA D'OTTONE  
\_\_\_\_\_  
(Contact Person)

VALENTI GROUP  
\_\_\_\_\_  
(Firm/Company)

2000 PONCE DE LEON BOULEVARD #600  
\_\_\_\_\_  
(Address)

CORALGABLES, FL. 33134  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LUCA D'OTTONE at ( 305 ) 975-0897  
\_\_\_\_\_  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Printed on 2-11-15  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2018

LUCA D'OTTONE  
2000 PONCE DE LEON BLVD #600  
CORAL GABLES, FL 33134

SUBJECT: VALENTI GROUP, LLC  
Ref. Number: L13000012668

Call: V 3-1111 1111  
1111 1111

We have received your document for VALENTI GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00008644

RECEIVED  
2018 JUN -8 AM 9:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA

2. The Florida document/registration number assigned to this limited liability company is:  
L13000012668

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/22/2017

4. I, LUCA D'OTTONE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)