# 118000164327

(Requestor's Name)	
(Address)	_
(Address)	_
(1.000)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
, ,	
(Danis - A Nisa har)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	٦
Special Instructions to Filing Officer:	
	ļ





000318221740

09/17/18--01007--017 \*\*25.00

SEP 21 2018 S. YOUNG 18 SEP 17 PM 4 50
SECTOR STATE FOR DRIDA

#### **COVER LETTER**

SUBJECT: VALVE BODY KINGS  (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:  DANH W. LSON  (Contact Person)  VALVE BODY KINGS  (Firm/Company)  CS12 M: DV: SV PASS CD  (Address)  SAR ASSTA, FL 34242  (City/State and Zip Code)  For further information concerning this matter, please call:  DAN WILSON  (Name of Contact Person)  (Area Code & Daytime Telephone Number)	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to:  DANHWILSON  (Contact Person)  VALUE BODY KINGS  (Firm/Company)  (S12 M: Quight PASS Red  (Address)  SAILASOTA FL 34242  (City/State and Zip Code)  For further information concerning this matter, please call:  DAN (JILSON)  at (614) 244-177  (Name of Contact Person)  (Area Code & Daytime Telephone Number)	SUBJECT: VALVE BODY 170 S (Name of Limited Liability Company)
DANH W. L.SON  (Contact Person)  VALUE BEDY KINGS  (Firm/Company)  GS12 M: Dwight PASS Red  (Address)  SARASDIA, FL 34242  (City/State and Zip Code)  For further information concerning this matter, please call:  DAN WILSON at 614, 244-1777  (Name of Contact Person)  (Area Code & Daytime Telephone Number)	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
WALVE BODY KINGS  (Firm/Company)  GS12 M: ON: ST PASS Col  (Address)  SARASOTA, FL 34242  (City/State and Zip Code)  For further information concerning this matter, please call:  DAN W.LSON at 614, 244-1617  (Name of Contact Person)  (Area Code & Daytime Telephone Number)	Please return all correspondence concerning this matter to:
$\frac{6512 \text{ in: Ovight PASS Red}}{\text{SARASOTA}, \text{FL}} \frac{34242}{\text{(City/State and Zip Code)}}$ For further information concerning this matter, please call: $\frac{DAN \text{ ($0$, LS}}{\text{(Name of Contact Person)}} \frac{1614}{\text{(Area Code & Daytime Telephone Number)}}$	
For further information concerning this matter, please call: $ \frac{DAN(D)L50N}{(Name of Contact Person)} \text{ at } \frac{614}{(Area Code & Daytime Telephone Number)} $	VALUE BEDY KINGS (Firm/Company)
For further information concerning this matter, please call: $ \frac{DAN(D)L50N}{(Name of Contact Person)} \text{ at } \frac{614}{(Area Code & Daytime Telephone Number)} $	6512 Mi Dvight PASS Rel
(Name of Contact Person) (Area Code & Daytime Telephone Number)	SARASOTA, FL 34242 EST T
(Name of Contact Person) (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
Final and allows for distributions of an arrangement of State for	$\frac{1) \text{AN} \text{ (D, L5dN)}}{\text{(Name of Contact Person)}} \text{ at } \frac{614}{\text{(Area Code & Daytime Telephone Number)}} = \frac{55}{55}$
22 \$25 Filing Fee	Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

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



### 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 l	imited liability compar	ny as it appears on th	ne records of the Flor	rida Departm	ent	
	VALUE			-		
2. The Florida docur	ment/registration numb	per assigned to this li	mited liability comp	pany is:		
1800	0016432	7.				
3. The date this men	nber/manager withdrev	w/resigned or will wi	thdraw/resign is:	0/13/	18	
4. 1, <u>DAr</u> (Print Na	> 14 Wilson ome of Person Resigning)	نــر, hereby w	ithdraw/resign as a			
	EM6EL Print Title)	<u>-</u> .				
of this limited liab resignation in writ	ility company and affir	m the limited liabili	ty company has beer	n notified of r	ny	
	Durth	oih			<b>7</b> 55 <b>76</b>	
Signature of Dissociating Member or Resigning Manager			,			
_	\$25.00 (Required) \$30.00 (Optional)				MEP 17 PM	FILED
				· ·	LOND 14: 5	ì