

L18000 164327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

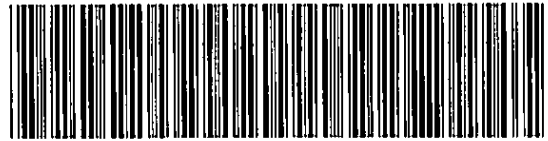
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 21 2018

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Valve Body Kings LLC  
(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:

Lisa Brown  
(Contact Person)

Valve body Kings  
(Firm/Company)

12808 Poppy Street  
(Address)

New Port Richey FL 34654  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Brown at (941) 929 8835  
(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

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18 SEP 17 PM 1:55  
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: Valve Body Kings LLC

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


L1800164327

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/13/18

4. I, LISA BROWN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER  
*(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)

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18 SEP 17 PM 1:55  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA