

L12000119706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

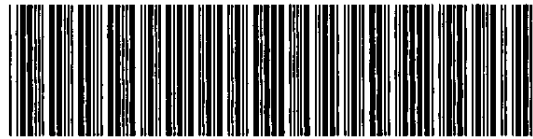
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CLERK OF STATE
TALLAHASSEE, FLORIDA

2013 JAN -4 PM 12:00

FILED

J. SAULSBERRY
EXAMINER

JAN 09 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VALIOA LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLEO COLLANGE

Name of Person

KPL MANAGEMENT LLC

Firm/Company

299 W CAMINO GARDENS BLVD #201

Address

BOCA RATON, FL 33423

City/State and Zip Code

CLEO@KPLDEVELOPMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEO COLLANGE

Name of Person

at (**561**) **447-2541**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN -4 PM 12:00

FILED

VALIOA LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

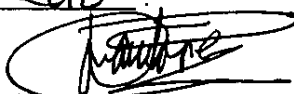
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERIC KORCHIA	160 W CAMINO REAL SUITE 285	☐ Add
		BOCA RATON, FL 33423	☒ Remove
			☐ Add
			☐ Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 JAN -4 PM 12:00
FILE
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

January 2, 2013



Signature of a member or authorized representative of a member

LIONEL CHAMBOUX

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JAN -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA