

M210000007281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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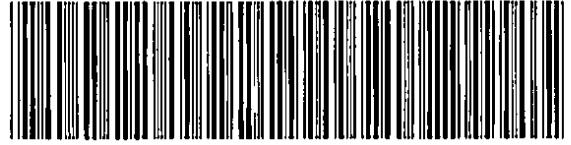
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

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STATE OF FLORIDA
TALLAHASSEE, FL

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/30/22

NAME: VALIENCE GROUP LLC

TYPE OF FILING: RESIGNATION

COST: 85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALIENCE GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M21000007281

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEISA PICHARD

Name of Person

FLORIDA FILING & SEARCH SERVICES, INC

Name of Firm/Company

155 OFFICE PLAZA DRIVE

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

LEISA PICHARD

Name of Person

at (850) 216-0457

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FLORIDA FILING & SEARCH SERVICES, INC

, hereby resigns as

Name of Registered Agent

Registered Agent for VALIENCE GROUP LLC

Name of Limited Liability Company

M21000007281

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Abbie Hodge

Signature of Resigning Agent

If signing on behalf of an entity:

ABBIE HODGE

Typed or Printed Name

SR VICE PRESIDENT

Capacity

STATE OF FLORIDA
TALLAHASSEE, FL

2022 NOV 30 AM 11:38

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FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314