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Division of Corporations

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: (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone

: (770)777-2091

Fax Number

: (770)220-1943

## DISSOLUTION OR WITHDRAWAL VALLEVERDE USA CORPORATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	·
SUBJECT: Valleverde USA Corp	oration
	ame of Corporation)
DOCUMENT NUMBER: F030000016	861
The enclosed withdrawal application and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
Elissa Hart	
(1)	ame of Person)
Smith, Gambrell & Russe	ell, LLP
(F	irm/Company)
1230 Peachtree St. NE,	Suite 3100
	(Address)
Altanta, GA 30309	
,	State and Zip code)
For further information concerning this matter, p	olease call:
Elissa Hart	at (404 ) 815-3583
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Compositions	STREET ADDRESS: Amendment Section Division of Compositions

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Valleverde USA Co	
(Name of Corporation	n) -2
F0300000166	
(Document Number of Corporati	on (if known)
Georgia	
(Incorporated Under La	00 on
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductions.	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceedine it was authorized to transact business or conduct affairs in I	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
c/o Simone von Werden Kraus, 123 (Mailing Address)	0 Peachtree St., Suite 3100
Atlanta, GA 30309 (City/State /Zip)	
The corporation agrees to notify the Department of State in the f	inture of any change in its mailing address.
Mould'	1/25/2010
(Signature of a director, president or other officer - if it the hands of a receiver or other sourt appointed fiduciary, by that fiduciary)	(Date)
Simone von Werden Kraus	Secretary
(Typed or printed name of person signing)	(Title or person algring)
FILING FEE \$3	3

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