**Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 : (850)656-7956 Phone

: (850)656-7953 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

# REGISTERED AGENT RESIGNATION VALETO CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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Corporate Filing Menu

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### **COVER LETTER**

TO:	Amendment Section Division of Corporations	
CHDT	ECT: VALETO CORP.	
SUBJ	(Name of Corporat	ion)
DOC	UMENT NUMBER: F18000004930	
The cr	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Am	anda Archambault	
	(Name of Person)	_
Inc	orporating Services, Ltd.	
	(Name of Firm/Company)	_
350	00 South DuPont Highway	
	(Address)	-
Do	ver, DE 19901	
	(City/State and Zip Code)	=
For fu	rther information concerning this matter, please call:	
Am	anda Archambault at 302	,531-0711
	(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for VALETO CORP.  (Name of Corporation)			
(Name of Corporation)			
F18000004930			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known addr	ess.		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	:h		
Amanda Prerambaulto :	ور د		
(Signature of Resigning Agent)	7 <b>2</b>		
(Signature of Resigning Agent)  If signing on behalf of an entity:			
Amanda Archambault	AM.		
(Typed or Printed Name)			
조건 	ස් දැ		
Assistant Secretary	t.		
(Capacity)			

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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