

LO4000057361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800044043908

01/11/05--01002--002 **85.00

FILED
05 JAN 14 AM 9:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

LO4⁰⁰⁰⁰ 57361 cu
RPP
1-11-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Valiant Capital, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000057361

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:

William Haberman
(Name of Person)

(Name of Firm/Company)

900 Pondview Court
(Address)

Celebration, FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

William Haberman at (321) 939-4286
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

William Haberman, hereby resigns as
(Name of Registered Agent)

Registered Agent for Valiant Capital, LLC

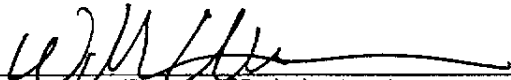
(Name of Limited Liability Company)

L04000057361

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
05 JAN 14 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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