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Diss. Kesign Mem

COVER LETTER

Division of Corporations	
SUBJECT: VALI'S FUND LLC	
	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
ANGELA N THARPE	
(Contact Person)	· · · · · · · · · · · · · · · · · · ·
THE COLLIER COMPANIES	
(Firm/Company)	
220 N MAIN STREET	
(Address)	
GAINESVILLE FL 32601	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
ANGELA N THARPE	352 213-5612
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable a 5 Filing Fee	to the Florida Department of State for:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of th	ne Florida Department
2. The Florida docu L0500002654	_	ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
NATHAN C	`OLLER	, hereby withdraw/resign	
(Print N MANAGER/N			
of this limited lia resignation in wr	iting.	ne limited liability company ha	s been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee. Certified Copy:	\$25,00 (Required) \$30,00 (Optional)		19 FEB