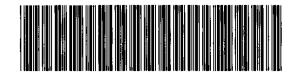
# LOGOO0000000498

(F	Requestor's Name)	
(A	address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
· A SECTION	Business Entity Name)	······································
- <sup>1</sup>	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	•
3		
		, (C)
,		<b>~</b>

Office Use Only



100109111951

11/06/07--01001--008 \*\*60.00

07 NOV -5 PH 5: 59
SECRETARY OF STATE



#### **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Value Advi sors L (Name of Limited Liability Com	L C
The enclosed member, managing member or manager resignating.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Robin R- Hirschman (Contact Person)	
Value Advisors, LLC (Firm/Company)	07 NOV -5 SECRETARY TALLAHASSE
6200 Coconut Terr.	
Plantation, Fl. 33317 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please call:	
Robin Hirschman at (954) (Name of Contact Person) (Area Code	245-8742 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$35 Filing Fee	pepartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2007

DAVID K. HIRSCHMAN 515 EAST LAS OLAS BLVD. #1030 FORT LAUDERDALE, FL 33301

SUBJECT: VALUE ADVISORS, LLC

Ref. Number: L06000070498

07 NOV -5 PM 5: 56
SECRETARY JF STATES
TALLAHASSEE, FLORIDA

We have received your document for VALUE ADVISORS, LLC, however, pon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 507A00058404

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 507A00058404



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it.  Value Advisors		he Florida Department
2. This limited liab <i>Flor ì G</i>	ility company was organized u	nder the laws of:	
4060	nment/registration number of th	 	•
4. I, Donna (Prini N	Saunder 5 ame of Person Resigning)	, hereby resign as a	resident (Print Title)
resignation in wr		imited liability company h	07 SE TAL
	gning Member, Managing Men	nber or Manager	NOV -5 P
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 5:56