07000117488

(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:				





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SECRETARY OF STATE
TALLAH4SSEE FLORIDA

09 JUN 23 AH II: 5

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VALUCENTRIC, LLC (Name of Limited Liability Con	npany)	_
The enclosed member, managing member or manager resig	mation and fee(s) are submitte	ed for
filing.	,	
Please return all correspondence concerning this matter to:		
Deborah Thompson		
(Contact Person)	-	
ValuCentric, LLC		7.0
(Firm/Company)	-	OB JUN 23 AM IT SEE SECRETARY OF STATE FALL AHASSEE, FLORIC
1004 COLLIER CENTER WAY, STE 204		23 点
(Address)	_	HO E
Naples, FL 34110		
(City/State and Zip Code)	-	⊅'''
For further information concerning this matter, please call:		
Deborah Thompson at (239	839-2548	
	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D		
\$25 Filing Fee \$\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	S55 Filing Fee & Certified Copy	
CTREET/COURIED ADDRESS	••	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	,	

CR2E079 (5/06)



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 i	it appears on the records of the	Florida Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc LO700011		this limited liability company i	is:
4. I, JIMMY DA	ASCANI	, hereby resign as a MAN	AGING MEMBER
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr		limited liability company has	been notified of my
Signature of Resi	gning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		08 JUN 23 SECRETARY TALLAHASSEE