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C. LEWIS

MAY 2 6 2009

EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: VALLEE, BALL AND A	
(Name of Limi	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Dan Vallee	
(Contact Person)	
(Firm/Company)	
10297 Bermuda Dr.	
(Address)	
Cooper City, FL 33026	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Dan Vallee	at (954) 644-1868
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	o the Florida Department of State for
\$25 Filing Fee	\$55 Filing Fee &
(<u> </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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 LEE, BALL AND AS		s of the Florida Department
2. This limited liab	lity company was organized	d under the laws of:	
3. The Florida docu 	ment/registration number o	f this limited liability con	npany is:
4. I, Dan Vallee (Print Name of Person Resigning)		, hereby resign as a	Managing Member (Print Title)
of this limited lial resignation in wr	pility company and affirm the	ne limited liability compa	ny has been notified of my
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		