## L09000622163

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT                            |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (2000)                                  |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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T. HAMPTON

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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |                             |
|---|-----------------------------|
| SUBJECT: Valerie M Interiors (Name of Limited Liability Company)  | uc                          |
| The enclosed member, managing member or manager resignation and filing.                                   | I fee(s) are submitted for  |
| Please return all correspondence concerning this matter to:   |                             |
| VALERIE TATALOVICH (Contact Person)   |                             |
| VALERIE M Interiors (Firm/Company)  |                             |
| 3611 S. DIXIE Highway, Sur  | teA                         |
| WEST PAUM BEACH, FL 3340<br>(City/State and Zip Code)   | 5                           |
| For further information concerning this matter, please call:  |                             |
| Valerie Tatalovich at (56) 833<br>(Name of Contact Person) (Area Code & Daytime                           | 3·3855<br>Telephone Number) |
| Enclosed please find a check made payable to the Florida Department \$25 Filing Fee \$55 Filing Certifies | Fee &                       |
|   | G ADDRESS:                  |
| <u> </u>  | on Section                  |
| Division of Corporations  Clifton Building  P.O. Box  | of Corporations             |
| Chinon Dunning 1.0. Dox   | 0321                        |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                                       | limited liability company<br>alerie M I  |                         |             |          |
|---------------------------------------|--|-------------------------|-------------|----------|
| ***·                                  | ility company was organi   |                         | of:         |          |
|                                       | ument/registration numbe   |                         | ility compa | ny is:   |
| of this limited lia resignation in wr | ATET KANWER  Frame of Person Resigning)  bility company and affirm  iting.  Let B Kaywar  igning Member, Managin | n the limited liability | y company ł | 1        |
| Filing Fee:                           | \$25.00 (Required)<br>\$30.00 (Optional)   | 9                       | <b>7</b>    | <u>.</u> |

CR2E079 (5/06)

JOSEGNET BORPORATIONS