#109000083290

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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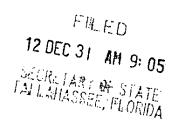
K.SALY EXAMINER JAN - 4 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VALUE INTELLIGENCE (Name of Limited	·,uc·
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
JAMES TIMMENY (Contact Person)	
(Contact Person)	
VALUE INTELLIGENCE, LLC. (Firm/Company)	
(Firm/Company)	
68 BERTROSE AVENUE (Address)	
(Address)	
MILFORD, CT 06460-590 (City/State and Zip Code)	7
For further information concerning this matter,	please call:
JAMES TIMMENY a (Name of Contact Person)	(Acc Code & Daving Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t 2 \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & 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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as it	appears on the records	of the Florida Department
of State is:	ALUE INTELLIGENCE	E,UC.	
2. This limited liabi	lity company was organized u	nder the laws of:	
FLORIDA		·	
3. The Florida docum	ment/registration number of the	nis limited liability com	pany is:
L090000	83290	 '	
			_
4.1, JAMES T	IMMENY Ime of Person Resigning)	, hereby resign as a _	MANAGER
of this limited liab resignation in writ	ility company and affirm the l	limited liability compan	y has been notified of my
. vo.g.a	6.		
	Ti-		
Signature of Resig	gning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		