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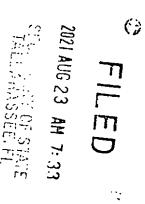
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Registration Section

TO:

Division of Corporations Armalavage Valuation, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Geri Armalavage (Contact Person) (Firm/Company) P.O. Box 110301 (Address) Naples, FL 34108 (City/State and Zip Code) For further information concerning this matter, please call: Geri Armalavage at (____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

of State is:	lavage Valuation, LLC		·
2. The Florida docu	ment/registration number as	ssigned to this limited liability	company is:
L11000105798			
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign	is:
4. I, Geri F. Armalava	Geri F. Armalavage, hereby withdraw/resign as a, hereby withdraw/resign as a,		n as a
(Print N	ame of Person Resigning)	, ,	
Manager			
	(Print Title)		
of this limited lial resignation in wr		e limited liability company ha	
(Maria		S 2821 62
Signature of Di	ssociating Member or Resig	ning Manager	7021 AUG 23
_	\$25.00 (Required)		○ ; ¬•.
_	\$25.00 (Required) \$30.00 (Optional)		23 M 7-3 25 E PAR