# 14000058954

(Re	equestor'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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#### **COVER LETTER**

Division of Corporations
SUBJECT: Valuefieds LLC. (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:
Jefferson Williams (Contact Person)
Valuefieds LLC. (Firm/Company)
13108A Thomasville Cir.
Tampa FL. 33617 (City/State and Zip Code)
For further information concerning this matter, please call:
Jeff Williams at (727) 385-2125 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
empericalible annuess. Mail incannuess.

Registration Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)





### 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)

1. The name of the li	mited liability company a	as it appears on the records of the Florida Department
of State is:	Valuefied	5 LLC.
2. The Florida docum	nent/registration number	assigned to this limited liability company is:
L14000	0058956	,
3. The date this mem	ber/manager withdrew/re	esigned or will withdraw/resign is: 4-11-14
4.1, Christopt		, hereby withdraw/resign as a
Memb	erint Title)	
of this limited liabil resignation in writi		the limited liability company has been notified of my
Signature of Diss	sociating Member & Res	Igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	