114000059243

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





600261622756

07/02/14--01010--007 **25.00



Beo m 8mh (10 n. 18.14)

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VALENTINA LUISA 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:				
VALENTINO MACCARINI (Contact Person)				
VALENTINA LUISA LLC (Firm/Company)				
2000 BISCAYNE BUD (Address)				
HIAHI FL 33/3 7 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (486) 201-4385 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 \text{ Filing Fee} \sum_\$ \$55 \text{ Filing Fee & Certified Copy}				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

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)

l. The name of the limited	l liability con	npany as it app	pears on the records of the Florida Department
of State is: VALE	NTINA	LUISA	LLC.
2. The Florida document/r	egistration nu	umber assigne	ed to this limited liability company is:
L/40000 59	243		
3. The date this member/m	nanager with	drew/resigned	or will withdraw/resign is: 00-30-2014
1. I, LUCIANO M. (Print Name of P	ADDI: Person Resignin	g)	, hereby withdraw/resign as a
MEMBE (Print Tit	R tle)		
of this limited liability corresignation in writing.	ompany and a	affirm the lim	ited liability company has been notified of my
Juans	Maralla	.~	
Signature of Dissociation	ing Member	or Resigning	Manager
Filing Fee: \$25 Certified Copy: \$30			
	\ L	,	