# 114000/63339

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 26 2014 T. CARTER

#### **COVER LETTER**

Division of Corporations
SUBJECT: VANITY VALEY 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:
David HERNANDEZ (Contact Person)
MA-S (Firm/Company)
3000 NUNIVERSITY DR E (Address)
Coral SPRINGS, FZ 33065 (City/State and Zip Code)
For further information concerning this matter, please call:
David Hernande 2 at (954) 346-7288 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\mathbb{2}\$ \$\frac{1}{2}\$ \$\text{Filing Fee & Certified Copy}\$  \$\text{Copy} \$\text{Solution}\$

#### ${\bf STREET/COURIER\ ADDRESS:}$

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

TO: Registration Section

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### 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	imited liability company as it ap	opears on the records of the Florida Department
of State is:	VANITY VALEY	LLC
2. The Florida docur	nent/registration number assign	ed to this limited liability company is:
L140	00163339	
3. The date this men	nber/manager withdrew/resigne	d or will withdraw/resign is:
4. I, VALEN TIN	A Lowe ne of Person Resigning)	_, hereby withdraw/resign as a
<u> </u>	R Print Title)	
of this limited liabi	lity company and affirm the lin	nited liability company has been notified of my
Signature of Diss	MOI- MOI X Monte of Resigning	Manager
y	7 / 18.11.0	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	