115000 124878

(Requestor's Name)
(requestors reame)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist the Association As Filling Officer
Special Instructions to Filing Officer:

Office Use Only



800314498718

06/15/18---01008--027 •∗25.00

2319 JUH 15 A H: 0.

MixIX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VALKEN GROUP, 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:
KENNETH B. SCHURR (Contact Person)
VALKEN GROUP, LLC (Firm/Company)
2030 S. DOUGLAS R.D. #105 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 441-903] (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 limited liability company as it appears on the records of the Fl	lorida Denartn	nent
	iorida Departis	icht
of State is: VALKEN GROUP, LLC.		<u></u> .
2. The Florida document/registration number assigned to this limited liability con L15000124878		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1	Jan-1, 2	<u>20</u> 18
4. I. VALERIE L. MANNO SCHURR hereby withdraw/resign as a (Print Name of Person Resigning)	a	
MANGGER MEMBER (Prini Title) of this limited liability company and affirm the limited liability company has be	een notified of	my
resignation in writing.	-	
Mgnature of Dissociating Member or Resigning Manager Filing For: \$25.00 (Required)	2318 JUN 15	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	A III: 0	