

45000178 571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

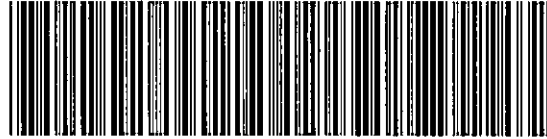
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

2019 FEB 11 PM 5:16

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALENTIA GLOBAL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000178571

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz Landa
Name of Person

LANDA & ASSOCIATES EA PA
Name of Firm/Company

3326 Mary Street Suite 602
Address

Miami, FL 33133
City/State and Zip Code

betty@landapa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Landa at (786) 614-5123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LANDA & ASSOCIATES EA PA

, hereby resigns as

Name of Registered Agent

Registered Agent for VALENTIA GLOBAL, LLC

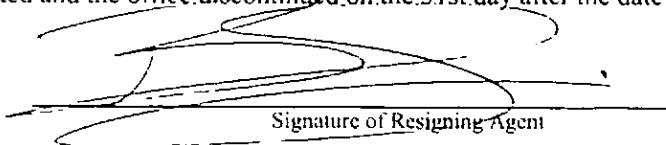
Name of Limited Liability Company

L15000178571

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Beatriz Landa

Typed or Printed Name

Manager

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314