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TO: Registration Section

CR2E079 (2/14)

Division of Corporations Valdes Management 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: James Valdes (Contact Person) Valdes Management (Firm/Company) 6110 Adina Road (Address) Cocoa, FL 32927 (City/State and Zip Code) For further information concerning this matter, please call: James Valdes (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 ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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)

	• •	it appears on the records of the Florida Department
of State is:	les Management LLC	•
2. The Florida doct	· ·	ssigned to this limited liability company is:
	=	igned or will withdraw/resign is:
4. I, Brendan Mai	ngnitz	, hereby withdraw/resign as a Second
(Print N	lame of Person Resigning)	हिंस क
Managing Me		ŕ
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
13-	_ / 	
Signature of D	issociating Member or Resig	ning Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	