

9/28/22, 2:07 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L18000106268

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

W. Scott Turnbull, Esquire  
Account Name : CRARY, BUCHANAN, BOWDISH, ET AL  
Account Number : 076424001425  
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Email Address: turnbull@crarybuchanan.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VALANT ASSOCIATES, LLC**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VALANT ASSOCIATES, 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:

Robert Rappel, DO, JD

(Contact Person)

RAPPEL HEALTH LAW GROUP, PL

(Firm/Company)

601 21st Street, Ste 300

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel, DO, JD

at 772

559-0089

(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E079 (2/14)

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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 limited liability company as it appears on the records of the Florida Department of State is: VALANT ASSOCIATES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000106268

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2022

4. I, Gregory Francis, DO, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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