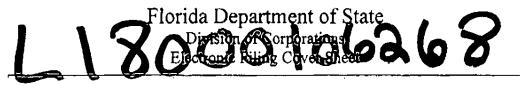
9/28/22, 2:07 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

Phone

: (772)233-4602 : (772)398-8122

Fax Number

**Enter the email address for this business entity to be used for future

annua]	report	mailings.	Enter	only	one	email	address	please	. * *
Email	Address	tumbul	(@cran	vbuchs	anan.	com			

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section

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COVER LETTER

Divis	sion of Corporations				
SUBJECT:	VALANT ASSOCIATES, LLC				
bebeer,	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dis	sociation and fe	c(s) are submitted for filing.		
Please return	all correspondence concern	ning this matter t	ro:		
Robert Rappel,	, DO, 1D				
	(Contact Person)	<u> </u>			
RAPPEL HEA	LTH LAW GROUP, PL				
	(Firm/Company)		_		
601 21st Street	, Ste 300				
	(Address)				
Vero Beach, Fl	L 32960				
	(City/State and Zip Code)		_		
For further in	nformation concerning this r	natter, please ca	II:		
Robert Rappel,	DÓ, JD	772 at {	559-0089		
(N	ame of Contact Person)		de & Daytime Telephone Number)		
Enclosed ple	ase find a check made payat	ole to the Florida	Department of State for:		
S25 Filling	g Fee	≅ \$ 55 Fili	ing Fee & Certified Copy		
	g Address:		Street Address:		
	tration Section		Registration Section		
	ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
	hassee, FL 32314		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)

of State is: VAL.	ANT ASSOCIATES, LLC	it appears on the records of the Florida Department
2. The Florida doc L18000106268	ument/registration humber as	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
		, hereby withdraw/resign as a
Member	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the	e limited liability company has been notified of my
Signature of D	isociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SEGRE DIRY I
CR2E079 (2/14)		OF STATE