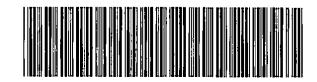
## 11800025373

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
received 5/13

Office Use Only



000329127350

U5/29/19--01026--028 →+25.06

19 BAY 13 AM 8: 16

MAY 2.9 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: \_\_\_\_ Valeur Commercial Property Management LLC Name of Himited Liability Company DOCUMENT NUMBER: L18000235272 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

B	
Pursuant to the provisions of section 605.0115, F	lorida Statutes, the undersigned,
United States Corporation Agents, Inc.	. hereby resigns as
Name of Registered Agent	
Registered Agent for Valeur Commercial Pr	operty Management LLC
Name of Limited	Liability Company
L18000235272	
Document Number, if known	-
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address.
The agency is terminated and the office discontin	ued on the 31st day after the date on which this statement is filed.
	niture of Resigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	· · · · · · · · · · · · · · · · · · ·
	or Printed Name
	d States Corporation Agents, Inc.
	a pacify
\$ 25.00 A	ES: ctive limited liability company dministratively dissolved/voluntarily dissolved/ ithdrawn limited liability company
Div	Florida Department of State and mail to: ision of Corporations P.O. Box 6327 Illahassee, FL 32314

INHS17 (2/14)