

L23000043738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

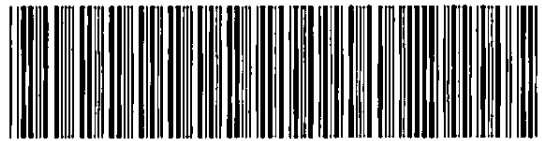
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5/17/23
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2023 MAR -9 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

(Name of Limited Liability Company)

(Contact Person)

(Address)

(City/State and Zip Code)

Bazile _____ at (954) _____ 512-7661
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☐ \$55 Filing Fee & Certified Copy

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



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: Val's Distribution

2. The Florida document/registration number assigned to this limited liability company is:
L23000043738

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/1/2023

4. I, Djenane Valbrun, hereby withdraw/resign as a
(Print Name of Person Resigning)
CEO
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL