## M08000002364

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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**S Warren** AUG 3 1 2016

## **COVER LETTER**

TO:	Registra Divisio		ection orporation	ıs 'ş				
SUBJ	ECT:		V	ALEPH	y LLC	iability Compa		
			Name o	of Foreign	Limited L	iability Compa	nny	
Dear !	Sir or Ma	ıdam:						
			-	eign Limite s) are subm			Change Manager(s) or	
Please	e return a	II corre	spondenc	e concerni	ng this ma	atter to the foll	owing:	
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VALE	NTINA	SORZ	ANA:	at (	917)	855 - २२। le and Daytim	ລ	
•	Nar	ne of P	erson		Area Coo	le and Daytim	e Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				ircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	osed is a ( Filing Fee	check (	□ \$30 Fi	llowing and ling Fee & e of Status		00 Filing Fee & d Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is: VALEPHY LI	y as it appears on the records of the Florida .C.
2. This entity was formed under the laws of	DELAWARE
3. This entity was authorized to transact bus and its Florida document/registration numbe	siness in Florida on 05/19/2008 or is MO800000 2364
4. The name and address of each manager o	r managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRH	VALENTINA SORZANA  3940 Radio Rd. STE 103  NAPLES, FL 34104
MGRH	ANTONIO ARANSAENZ 2 BAYARD STREET, APT ID BROOKLYN, NY 11211
MGRM	STEPHANIE SORZANA 3940 RADIO RD. STE 103 NAPLES, FL. 34104
	23. 23. 23. 23. 23. 23. 23. 23. 23. 23.
	ARY OF STATE SSSEY, FILORIDA
Required Signature: Signature of Manager,	Chanie Sorzano Cum Oum Managing Member or Member

Filing Fee: \$25