

PI20000024813

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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000238110030

*Resignation  
of Officer*

08/06/12--01017--010 \*\*35.00

FILED  
2012 AUG -6 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*DR  
8/7/12*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VALERIAN SPA  
(Name of Corporation)

**DOCUMENT NUMBER:** 2

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMI ASOR  
(Name of Person)

VALERIAN SPA  
(Name of Firm/Company)

1301 SE 14 DR  
(Address)

DEERFIELD BEACH  
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMI ASOR at (305) 3045843  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2012 AUG -6 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, SAMI ASOR, hereby resign as PRESIDENT  
(Title)

of VALERIAN SPA INC,  
(Name of Corporation)

2, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

SAMI ASOR  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314