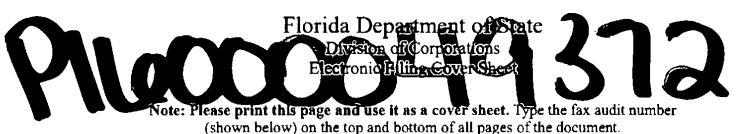
3/11/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAW OFFICES OF ANNA KRIMSHTEIN, PLC

Account Number : I20130000047 Phone : (305)932-4100 Fax Number : (305)397-2575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: anna@aklawnlc.com

ETH FILES

REGISTERED AGENT RESIGNATION VALLEY VC LIMITED INC

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	VALLEY VC LIMITED INC	
	(Name of Cor	poration)
DOC	UMENT NUMBER: P16000049372	
The e	nclosed Resignation of Registered Agent for a Co	rporation and fee are submitted for filing
Please	e return all correspondence concerning this matte	r to the following:
Аппа	Krimshtein	
	(Name of Person)	
Law C	Offices of Anna Kriinshtein, PLC	
	(Name of Firm/Company)	
2203 1	NE 203rd Terrace	
	(Address)	
Miam	i, FL 33180	
	(City/State and Zip Code)	
For fi	orther information concerning this matter, please of	eall:
Anna	Krimshtein 305 at (932-4100
		Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,			
Florida Statutes, the undersigned, Elena Dragut (Name of Registered Agent)				
, , , , , , , , , , , , , , , , , , , ,				
hereby resigns as Registered Agent for				
(Name of Corporation)				
P16000049372				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its last k	mown address.			
The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed.	ate on which			
(Signature of Resigning Agent)	∑			
If signing on behalf of an entity:	20 HAI			
ELENA DRAGUT				
(Typed or Printed Name)	<u> </u>			
Registered Agent	9147 34.36 74.36			

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)