


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000012013 1. Entity Name RICHARD'S VALET, LLC.	
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Principal Place of Business 3033 NE 32ND AVE FT LAUDERDALE FL 33308	Mailing Address 3033 NE 32ND AVE FT LAUDERDALE FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent RODEWALD, JORDAN 3033 NE 32ND AVE FT LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILE, JOHN 3033 NE 32ND AVE FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[] Change [] Addition <div style="text-align: center; font-weight: bold;"> U00000744448 05/15/07-80149-019 50.00 </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODEWALD, JORDAN 3033 NE 32ND AVE FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[] Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[] Change [] Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 4/25/07 (954) 566-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE