


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000003122 1. Entity Name VALENTIN BARB CO., LLC.	
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Principal Place of Business 1415 WILEY STREET HOLLYWOOD, FL 33020	Mailing Address 1415 WILEY STREET HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-1083360	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  BARB, VALENTIN 1415 WILEY STREET HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARB, VALENTIN 1415 WILEY ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARB, VIOLETA 1415 WILEY ST HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**

U00000723251  
05/02/07-80065-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  VALENTIN BARB  
PRESIDENT      04/18/07      919-925-8789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #