

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063538

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** JERRY VALENTE, PH.D., J.D., M.B.A., PLC

**Current Principal Place of Business:**

3733 UNIVERSITY BOULEVARD, WEST  
SUITE 207  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

6015 CHESTER CIRCLE  
SUITE 212  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3733 UNIVERSITY BOULEVARD, WEST  
SUITE 207  
JACKSONVILLE, FL 32217

**New Mailing Address:**

6015 CHESTER CIRCLE  
SUITE 212  
JACKSONVILLE, FL 32217

FEI Number: 20-1480813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALENTE, JERRY R  
3733 UNIVERSITY BOULEVARD, WEST  
SUITE 207  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

VALENTE, JERRY R  
6015 CHESTER CIRCLE  
SUITE 212  
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: JERRY VALENTE

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VALENTE, JERRY R  
Address: 6015 CHESTER CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JERRY VALENTE

OWNE

01/12/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date