

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90043 002 ****50.00

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DOCUMENT # L05000110589 1. Entity Name VALVEN PAINT LLC			
Principal Place of Business 3215 79TH AVE E SARASOTA, FL 34243		Mailing Address POB 52405 SARASOTA, FL 34235	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3215 79th Ave. E. Suite, Apt. #, etc.	
City & State Zip Country		City & State Sarasota Zip Country FL 34243 U.S.A.	
4. FEI Number 20-3789182		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AULAR, VICTOR J 3215 79TH AVE E SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Victor J. Aular</i></u> Victor J. Aular Managing Member 04/18/07 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AULAR, VICTOR J 3215 79TH AVE E SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u><i>Victor J. Aular</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u><i>Victor J. Aular</i></u> Managing Member 04/18/07 (941 232 9675) Date Daytime Phone #	