2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034823

Entity Name: VALENTI FLORIDA MANAGEMENT, INC.

FILED Apr 30, 2013 **Secretary of State** CC2693297671

Current Principal Place of Business:

3450 BUSCHWOOD PARK DR SUITE 195 TAMPA, FL 33618

Current Mailing Address:

3450 BUSCHWOOD PARK DR SUITE 195 **TAMPA, FL 33618**

FEI Number: 59-3442362 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NESBITT, STEVEN M 3450 BUSCHWOOD PARK DR SUITE 195 TAMPA, FL 33618 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **OFCR** Title **OFCR**

VALENTI, DARRELL J NESBITT, STEVEN M Name Name

3450 BUSCHWOOD PARK DR, SUITE 3450 BUSCHWOOD PARK DRIVE, Address Address **SUITE 195**

City-State-Zip: TAMPA FL 33618 City-State-Zip: TAMPA FL 33618

Title **OFCR** Title OFCR

Name GRANT, PETER J Name CARLASARE, JOHN

946 BROKEN ARROW COVE Address Address 3450 BUSCHWOOD PARK DRIVE #195

COLLIERVILLE TN 38017 City-State-Zip: City-State-Zip: TAMPA FL 33618

Title **OFCR**

Title OFCR LANGMYER, DONALD Name

RITCH, SHARON Name 3450 BUSCHWOOD PARK DRIVE #195 Address

3450 BUSCHWOOD PARK DRIVE Address

City-State-Zip: TAMPA FL 33618 City-State-Zip: TAMPA FL 33618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.