

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024455

Entity Name: VALENTI SOUTHEAST REALTY, LLC**Current Principal Place of Business:**3450 BUSCHWOOD PARK DRIVE
SUITE 195
TAMPA, FL 33618**Current Mailing Address:**3450 BUSCHWOOD PARK DRIVE
SUITE 195
TAMPA, FL 33618 US**FEI Number:** 20-0947040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NESBITT, STEVEN M
3450 BUSCHWOOD PARK DRIVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGRM
Name VALENTI, DARRELL J
Address 3450 BUSCHWOOD PARK DRIVE,
SUITE 195
City-State-Zip: TAMPA FL 33618Title MGRM
Name NESBITT, STEVEN M
Address 3450 BUSCHWOOD PARK DRIVE,
SUITE 195
City-State-Zip: TAMPA FL 33618Title MGRM
Name GRANT, PETER J
Address 946 BROKEN ARROW COVE
City-State-Zip: COLLIERVILLE TN 38017Title MGRM
Name TREESE, JAMES B
Address 6251 EAGLE POINT CIRCLE
City-State-Zip: BIRMINGHAM AL 35242Title MGRM
Name VALENTI, TROY G
Address 4310 BOULDER LAKE CIRCLE
City-State-Zip: VESTAVIA HILLS AL 35242

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN M. NESBITT**CFO****04/30/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date