

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000063538

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

**Current Principal Place of Business:**

6015 CHESTER CIRCLE  
SUITE 212  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6015 CHESTER CIRCLE  
SUITE 212  
JACKSONVILLE, FL 32217

**FEI Number:** 20-1480813

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

**SIGNATURE:** JERRY VALENTE

**PRINCIPAL**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date