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. 01/11/2017 SIGNATURE: JERRY VALENTE PRINCIPAL

Electronic Signature of Signing Authorized Person(s) Detail

2017 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

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:

Authorized Person(s) Detail :			
Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	VALENTE, JERRY R	Name	VALENTE, TRACY LYNN
Address	6015 CHESTER CIRCLE	Address	6015 CHESTER CIRCLE
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip	SUITE 212 JACKSONVILLE EL 32217

Electronic Signature of Registered Agent ...

City-State-Zip: JACKSONVILLE FL 32217

Certificate of Status Desired: No

FILED Jan 11, 2017 Secretary of State CC9781398532

Date