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

Electronic Signature of Signing Authorized Person(s) Detail

VALENTE, JERRY R 5991 CHESTER AVE SUITE 102 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

Authorized Person(s) Detail ·

Authorized Person(s) Detail :			
Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	VALENTE, JERRY R	Name	VALENTE, TRACY LYNN
Address	5991 CHESTER AVE SUITE 102	Address	5991 CHESTER AVE SUITE 102
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217

2024 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:

5991 CHESTER AVE SUITE 102 JACKSONVILLE, FL 32217

Current Mailing Address:

5991 CHESTER AVE SUITE 102 JACKSONVILLE, FL 32217 US

FEI Number: 20-1480813

Name and Address of Current Registered Agent:

PRINCIPAL

02/11/2024

Date

Feb 11, 2024 Secretary of State 7239727651CC

FILED

Certificate of Status Desired: No