

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000184735

**Entity Name:** VALSTAN OLAM, LLC

**Current Principal Place of Business:**

10535 GALLERIA STREET  
WELLINGTON, FL 33414

**Current Mailing Address:**

10535 GALLERIA STREET  
WELLINGTON, FL 33414 UN

**FEI Number:** 47-2483937

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICHARDS, LINTON  
10535 GALLERIA STREET  
WELLINGTON, FL 33414 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                  | Title           | MGRM                  |
| Name            | RICHARDS, LINTON      | Name            | RICHARDS, SANDRA      |
| Address         | 10535 GALLERIA STREET | Address         | 10535 GALLERIA STREET |
| City-State-Zip: | WELLINGTON FL 33414   | City-State-Zip: | WELLINGTON FL 33414   |

*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:** LINTON RICHARDS

MGRM

03/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date