

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000203639

Entity Name: VALTOM LLC**Current Principal Place of Business:**2030 S. DOUGLAS RD
STE: 119
CORAL GABLES, FL 33134**Current Mailing Address:**2030 S. DOUGLAS RD
STE: 119
CORAL GABLES, FL 33134**FEI Number:** 32-0544020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAGGIO, RAUL ALBERTO
2030 S. DOUGLAS RD
STE: 119
CORAL GABLES, FL 33134 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 AMBR
Name RAGGIO, RAUL ALBERTO
Address 2030 S. DOUGLAS RD STE: 119
City-State-Zip: CORAL GABLES FL 33134Title AMBR
Name LATORRE, KARINA ISABEL
Address 2030 S. DOUGLAS RD STE: 119
City-State-Zip: CORAL GABLES FL 33134Title AMBR
Name RAGGIO, TOMAS
Address 2030 S. DOUGLAS RD
STE: 119
City-State-Zip: CORAL GABLES FL 33134Title AMBR
Name RAGGIO, VALENTINA
Address 2030 S. DOUGLAS RD
STE: 119
City-State-Zip: CORAL GABLES FL 33134

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: RAUL ALBERTO RAGGIO

AMBR

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date