

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000163617

**Entity Name:** VALUPROP LLC

**Current Principal Place of Business:**

8008 HOLLYRIDGE RD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8008 HOLLYRIDGE RD  
JACKSONVILLE, FL 32256 US

**FEI Number: 88-1081638**

**Certificate of Status Desired:** No

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

VALUNAV LLC  
8008 HOLLYRIDGE RD  
JACKSONVILLE, FL 32256 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            VALUNAV LLC  
Address        8008 HOLLYRIDGE RD  
City-State-Zip: JACKSONVILLE FL 32256

*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: CHRISTOPHER GEORGE LANDON**

**MEMBER**

**03/08/2022**

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

\_\_\_\_\_  
Date