


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90226 010 ****50.00

DOCUMENT # L00000006728		
1. Entity Name VALUEVEST, L.L.C.		

Principal Place of Business 215 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020	Mailing Address 215 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020
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40002120



2. Principal Place of Business 8445 YORKE RD	3. Mailing Address 8445 YORKE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State Wellington, FL	City & State Wellington, FL	4. FEI Number 65-1014655	Applied For Not Applicable
Zip 33414	Country USA	Zip 33414	Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PALMER, DANIEL K 215 SOUTH 21ST AVE HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8445 YORKE RD. City Wellington FL Zip Code 33414	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Daniel K Palmer (NOTE: Registered Agent signature required when reinstating) DATE: 1-9-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, DANIEL K 8445 YORKE RD. WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINLIVAN, WILLIAM R 215 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Daniel K Palmer DATE: 1-9-06 Daytime Phone: 954-401-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE