

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**-Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012596

1. Entity Name  
VALTARA, LLC



Principal Place of Business  
7825 SW ELLIPSE WAY  
STUART, FL 34997

Mailing Address  
7825 SW ELLIPSE WAY  
STUART, FL 34997



04282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3720346

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BOURRET, RICHARD H  
7825 SW ELLIPSE WAY  
STUART, FL 34997

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BOURRET, RICHARD H  
7825 SW ELLIPSE WAY  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MCCOMAS, C. EDWARD  
7825 SW ELLIPSE WAY  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MCCOMAS, SCOTT R  
7825 SW ELLIPSE WAY  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
BOWERS, CHARLES H  
7825 SW ELLIPSE WAY  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/29/04 04:00:17-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

RICHARD H BOURRET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/04 (772) 223-6699