

FILED
Sep 24, 2003 8:00 am
Secretary of State

08-27-2003 90057 014 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

8/
8/27/

DOCUMENT # L02000005724

1. Entity Name
VALENTI SOUTHEAST MANAGEMENT, LLC



Principal Place of Business
3450 W. BUSCHWOOD DRIVE, SUITE 195
TAMPA FL 33618

Mailing Address
3450 W. BUSCHWOOD DRIVE, SUITE 195
TAMPA FL 33618

55057023

2. Principal Place of Business
3450 BUSCHWOOD PARK DRIVE
Suite, Apt. #, etc.
SUITE #195

3. Mailing Address
3450 BUSCHWOOD PARK DR. #195
Suite, Apt. #, etc.
SUITE #195

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL 33618

City & State
TAMPA, FL 33618

4. FEI Number
02-0560683

Applied For
Not Applicable

Zip Country
33618 HILLSBOROUGH

Zip Country
33618 HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NESBITT, STEVEN M.
3450 BUSCHWOOD PARK DR., SUITE 195
TAMPA FL 33618

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 signatures required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Darrell Valenti
2388 NE 30th Court
Lighthouse Point, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Steven M. Nesbitt
12505 Royal Dublin
Odessa, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

STEVEN M. NESBITT
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08/25/03

813/935-8777

Date

Daytime Phone #

CP2E083 (4/03)



#5505.7023

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 16, 2003

VALENTI SOUTHEAST MANAGEMENT, LLC
3450 ~~W~~ BUSCHWOOD DRIVE, SUITE 195
TAMPA, FL 33618

Subject: VALENTI SOUTHEAST MANAGEMENT, LLC

Reference Number: L02000005724

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the
Division of Corporations at (850) 245-6051.

/RH

ANNUAL REPORTS SECTION

*Please note principal place of business
address and mailing address.*