

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 012 ****50.00

DOCUMENT # L02000010185

1. Entity Name
VALERIA, LLC



Principal Place of Business

**3735 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134 US**

Mailing Address

**3735 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE

04122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
54-2084285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARAGON, HECTOR
3735 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARAGON, HECTOR
3735 SW 8TH STREET, SUITE 105
CORAL GABLES, FL 33134**

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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:

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

4-17-06

Date

569-0016

Daytime Phone #