

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000004209**

1. Entity Name  
**VALOR ENTERPRISES, LLC**



Principal Place of Business  
**10235 WEST SAMPLE ROAD  
STE. 205  
CORAL SPRINGS, FL 33065**

Mailing Address  
**10235 WEST SAMPLE ROAD  
STE. 205  
CORAL SPRINGS, FL 33065**

**DO NOT WRITE IN THIS SPACE**



04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**90-0069581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SCOTT, ELESIA  
10235 WEST SAMPLE ROAD  
STE. 205  
CORAL SPRINGS, FL 33065**

**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-STATE-ZIP  
**MGR  
SCOTT, KHALIFA  
1041 SW 98 TERR  
PEMBROKE PINES, FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
SCOTT, ELESIA  
10235 W. SAMPLE RD #205  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
SCOTT, HUGH  
1041 SW 99TH TERR  
PEMBROKE PINES, FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000534304  
05/08/06-80005-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #