


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #** L03000016769

**1. Entity Name**  
VALPAGES, LLC



**Principal Place of Business**  
4995 NW 72 AVE.  
SUITE 205  
MIAMI FL 33166  
US

**Mailing Address**  
4995 NW 72 AVE.  
SUITE 205  
MIAMI FL 33166  
US

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip** **Country**

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

CARDET, ALBERTO M ESQUIRE  
1101 BRICKELL AVENUE  
702- SOUTH  
MIAMI FL 33131

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

**6. 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**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	VALDESPINO, MARIA A	4995 NW 72 AVE. #205	MIAMI FL 33166	<input type="checkbox"/>
MGRM	PAGES, EDGAR J	4995 NW 72 AVE. #205	MIAMI FL 33166	<input type="checkbox"/>
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**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 603, Florida Statutes.**



1st MOORE CR2E083 (10/05)

**4. FEI Number** 83-0361064 **Applied For** ☐ **Not Applicable**

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

**7. Name and Address of New Registered Agent**

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

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**SIGNATURE:** *Valdespino* *Maria A Valdespino* *2/27/06* *305-418-8296*