2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# L03000025405

Entity Name: VALIANT VENTURES, LLC

Current Principal Place of Business:

8127 NORTH PACKWOOD AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

PO BOX 360176
TAMPA, FL 33673

New Mailing Address:

FEI Number: 20-0140957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINN, LINDA
8127 NORTH PACKWOOD AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: QUINN, BRYAN
Address: PO BOX 360176
City-St-Zip: TAMPA, FL 33673 US

Title: VP S ( ) Delete
Name: QUINN, LINDA
Address: PO BOX 360176
City-St-Zip: TAMPA, FL 33673

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: QUINN, LINDA
Address: PO BOX 360176
City-St-Zip: TAMPA, FL 33673 US

Title: VP (X) Change ( ) Addition
Name: QUINN, BRYAN
Address: PO BOX 360176
City-St-Zip: TAMPA, FL 33673

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA QUINN MGRM 02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date