

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 14, 2006 8:00 am  
Secretary of State**

02-17-2006 90020 010 \*\*\*\*50.00

**DOCUMENT # L03000043393**

1. Entity Name  
**VAL, LLC**



Principal Place of Business  
**3814 CURTISS PARKWAY  
VIRGINIA GARDENS, FL 33166**

Mailing Address  
**3814 CURTISS PARKWAY  
VIRGINIA GARDENS, FL 33166**



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3779530**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**HURNSTEIN, MIKE  
3814 CURTISS PKWY  
VIRGINIA GARDENS, FL 33166**

**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 fee if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LA FORGIA, VITO
STREET ADDRESS	3814 CURTISS PARKWAY
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 606, Florida Statutes.

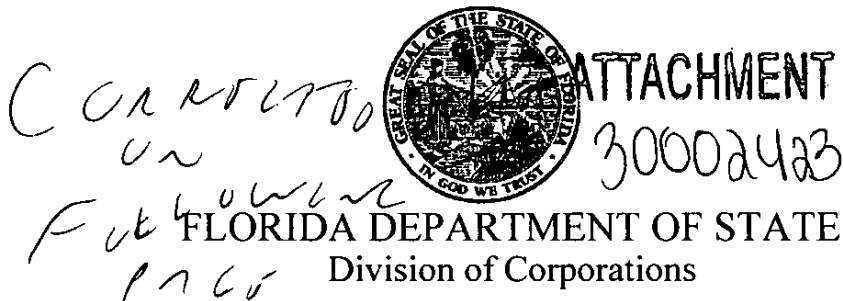
**SIGNATURE:** *Mike Hurnstein*

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

Date

Daytime Phone #

*3/9/06 805 871-5555*



February 20, 2006

VAL, LLC  
3814 CURTISS PARKWAY  
VIRGINIA GARDENS, FL 33166

Subject: VAL, LLC

Reference Number: L03000043393

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):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

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

/MH  
ANNUAL REPORTS SECTION