

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052765

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

**Entity Name:** VALERIE WAGNER & ASSOCIATES, LLC

**Current Principal Place of Business:**

12643 MONTIGELLO COURT  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

37 SOUTH INDIANA AVE  
STE 106  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 555  
ENGLEWOOD, FL 34295

**New Mailing Address:**

**FEI Number:** 32-0101139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAGNER, VALERIE T  
12643 MONTIGELLO COURT  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

WAGNER, VALERIE T  
37 SOUTH INDIANA AVE  
STE 106  
ENGLEWOOD, FL 34223 US

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:**

02/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WAGNER, VALERIE T  
**Address:** 12643 MONTIGELLO COURT  
**City-St-Zip:** ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WAGNER, VALERIE T  
**Address:** 37 SOUTH INDIANA AVE SUITE 106  
**City-St-Zip:** ENGLEWOOD, FL 34223

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:** VALERIE WAGNER

MGMR

02/03/2009

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