

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018237

FILED  
May 19, 2009  
Secretary of State

Entity Name: VALENTINA NANCY REMEDIOS, LLC

**Current Principal Place of Business:**

3350 SW 148 AVE  
MIRAMAR, FL 33027

**New Principal Place of Business:**

2000 NW 150 AVE.  
2000  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

15979 SW 54 COURT  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 20-0834988      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

REMEDIOS, V. NANCY  
15979 SW 54 COURT  
MIRAMAR, FL 33027      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:      PRES      ( ) Delete  
Name:      REMEDIOS, V. NANCY  
Address:      3350 SW 148 AVE  
City-St-Zip:      MIRAMAR, FL 33027

**ADDITIONS/CHANGES:**

Title:      PRES      (X) Change      ( ) Addition  
Name:      REMEDIOS, V. NANCY  
Address:      2000 NW 150 AVE. SUITE 2000  
City-St-Zip:      PEMBROKE PINES, FL 33029

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: V. NANCY REMEDIOS

MS.

05/19/2009

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