

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036148

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: VALID TECHNOLOGIES LLC

**Current Principal Place of Business:**

6421 CONGRESS AVENUE  
SUITE 206  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

6421 CONGRESS AVENUE  
SUITE 206  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 20-1110984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FAUST, GREGORY W  
5417 NW 20TH AVE  
BOCA RATON, FL 33496 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: FAUST, GREGORY W  
Address: 5417 NW 20TH AVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM ( ) Delete  
Name: SECRETO, THOMAS A  
Address: 5417 NW 20TH AVE  
City-St-Zip: BOCA RATON, FL 33496 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY W FAUST

MGRM

04/16/2007

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