


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L04000067698**

1. Entity Name  
**MIDVAL LLC**



Principal Place of Business <b>18724 WIMBLEDON CIRCLE          LUTZ, FL 33558 US</b>	Mailing Address <b>18724 WIMBLEDON CIRCLE          LUTZ, FL 33558 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1630740</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MIDULLA, RICHARD  
 18724 WIMBLEDON CIRCLE  
 LUTZ, FL 33558**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDEZ, DANIEL J 18726 WIMBLEDON CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDEZ, JOY E 18726 WIMBLEDON CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDULLA, RICHARD 18724 WIMBLEDON CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDULLA, SANDRA J 18724 WIMBLEDON CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583141  
 01/11/07-60060-012 50.00

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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 608, Florida Statutes.

**SIGNATURE:** Richard Midulla      1/9/07      813-739-1275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #