

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000067698

1. Entity Name
MIDVAL LLC



Principal Place of Business
**18724 WIMBLEDON CIRCLE
LUTZ, FL 33558 US**

Mailing Address
**18724 WIMBLEDON CIRCLE
LUTZ, FL 33558 US**



01262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1630740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

1100000929498
05/21/08-80071-022 138.75

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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 608, Florida Statutes.

SIGNATURE: *Richard Midulla* **RICHARD MIDULLA**

4/25/08

813-909-7059

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

Date

Daytime Phone #