

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087129

Entity Name: VALEK INSURANCE, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2079 CONSTITUTION BLVD  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20709  
SARASOTA, FL 34276

**New Mailing Address:**

FEI Number: 20-1951880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALEK, EDWARD J II  
2079 CONSTITUTION BOULEVARD  
SARASOTA, FL 34231 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: P  
Name: VALEK, EDWARD J  
Address: 2079 CONSTITUTION BOULEVARD  
City-St-Zip: SARASOTA, FL 34231

Title: VP  
Name: VALEK, JAMES J  
Address: 2079 CONSTITUTION BOULEVARD  
City-St-Zip: SARASOTA, FL 34231

Title: T  
Name: VALEK, LAURA D  
Address: 2079 CONSTITUTION BOULEVARD  
City-St-Zip: SARASOTA, FL 34231

Title: S  
Name: VALEK, KAREE J  
Address: 2079 CONSTITUTION BOULEVARD  
City-St-Zip: SARASOTA, FL 34231

I hereby 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: JAMES VALEK

VP

01/05/2010

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