

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90427 018 ****50.00

DOCUMENT # L05000006692

1. Entity Name

VAL ELECTRIC, LLC



Principal Place of Business

2920 M CROSLY DRIVE EAST
WEST PALM BEACH FL 33415
US

Mailing Address

2920 M CROSLY DRIVE EAST
WEST PALM BEACH FL 33415
US

2. Principal Place of Business

SIS SHADY PINE WAY

Suite, Apt. #, etc.

B2

3. Mailing Address

SIS SHADY PINE WAY

Suite, Apt. #, etc.

B2

City & State

GREENACRES FL

City & State

GREENACRES FL

4. FEI Number

13-4292944

Applied For

Not Applicable

Zip

33415

Country

U.S.A

Zip

33415

Country

U.S.A

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

VALIANTE, JOSEPH J
2920 M CROSLY DRIVE EAST
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name RAFAEL NAPOLES

Street Address (P.O. Box Number is Not Acceptable)

SIS SHADY PINE WAY B2

City GREENACRES

FL

Zip Code 33415

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

RAFAEL NAPOLES

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

(NOTE: Registered Agent signature required when reinstating)

02/06/2006

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME VALIANTE, JOSEPH J
STREET ADDRESS 2920 M CROSLY DRIVE EAST
CITY - ST - ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE MANAGER/MEMBER ☐ Change ☒ Addition
NAME RAFAEL NAPOLES
STREET ADDRESS SIS SHADY PINE WAY B2
CITY - ST - ZIP GREENACRES FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

RAFAEL NAPOLES

RAFAEL NAPOLES

02/06/2006

561 424 1571

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

Date

Daytime Phone #