FILED Feb 21, 2006 8:00 am Secretary of State

2006 LIMITED LIABILITY COMPANY-ANNUAL REPORT

DOCUMENT # L05000018821 1. Entity Name VALLEE FINANCIAL & TAX SERVICE, LLC						01-24-20	06 90043 013	****50.00
Principal Place 5109 GLADE CAPE CORAL		Mailing Address 5109 GLADE CT CAPE CORAL, FL 33904			30000811			
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202006	Ghg-LLC	CR2E083 (11/	05)
City & State		City & State			4. FEI Nurr		656	Applied For Not Applicable
Zip	Country	Zip	Coun	try	Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
VALLEE, LOUIS A 5109 GLADE CT CAPE CORAL, FL 33904				Street Address (P.O. Box Number is Not Acceptable)				
J J								
				City			FL '	Code
 The above the obligat 	named entity submits this statement to ions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of Fi	orlda. I am tamiliar v	rith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	(NOTE and tale it applicable (NOTE	: Registerer	d Agent signature required	d when reinstating)	 -	DATE	
FI	ling Fee is \$50.00 ue by May 1, 2008					e check payable a Department of S		
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	
ME	MGRM	☐ Delete	TITLE				Chan	ge 🔲 Addition
NAME STREET ADDRESS			IMAM	ET ADORESS				
CITY-ST-ZIP	CAPE CORAL, FL 33904			-ST-ZIP				-
TITLE		Oelete	TITLE		_		Char:	ge Addition
NAME			NAME					_
STREET ADDRESS CITY-ST-ZIP				et adoress · \$1-zdp				
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name Street address			NAME	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE .		☐ Delete	TITLE				☐ Chan	e Addition
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				}
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have t e empowered to execute this r	he same	itegal effect as if m	tade under oat	h; that I am a manac	irther cartify that the sing member or man	information ager of the
	(Vall	Lear				1-14-7	205- 2	
SIGNAT	'URE:					1-10-5	2000	<u>54 441</u> -121



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

VALLEE FINANCIAL & TAX SERVICE, LLC 5109 GLADE CT CAPE CORAL, FL 33904

Subject: VALLEE FINANCIAL & TAX SERVICE, LLC

Reference Number:

L05000018821

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION