

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000051161

Entity Name: VAL LLC

**FILED**  
**Mar 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1200 RESERVE WAY  
205  
NAPLES, FL 34105

**New Principal Place of Business:**

571 11TH STREET SW  
NAPLES, FL 34117

**Current Mailing Address:**

1200 RESERVE WAY  
205  
NAPLES, FL 34105

**New Mailing Address:**

571 11TH STREET SW  
NAPLES, FL 34117

FEI Number: 20-2941665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BUTKEVICIUS, VALDAS  
1200 RESERVE WAY  
205  
NAPLES, FL 34105 US

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

BUTKEVICIUS, VALDAS  
571 11TH STREET SW  
NAPLES, FL 34117 US

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: VALDAS BUTKEVICIUS

03/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUTKEVICIUS, VALDAS  
Address: 1200 RESERVE WAY #205  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUTKEVICIUS, VALDAS  
Address: 571 11TH STREET SW  
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: VALDAS BUTKEVICIUS

MGR

03/08/2007

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