## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY - ST - ZIP

## Secretary of State **DOCUMENT # L06000011048** 02-08-2007 90138 042 \*\*\*\*50.00 VALENTINE INTERIORS LLC DUULY -Principal Place of Business Mailing Address 2240 NW WINDEMERE DRIVE 2240 NW WINDEMERE DRIVE JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME. Suite, Apt. #, etc. 01092007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zio \$5.00 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENNAN, VALENTINE Street Address (P.O. Box Number is Not Acceptable) 2240 NW WINDEMERE DRIVE JENSEN BEACH, FL 34957 SAME. Zip Code 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. Lam familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Delete ☐ Change Addition TITLE NAME BRENNAN, VALENTINE NAME 2240 NW WINDEMERE DRIVE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY - \$T - ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

**FILED** Feb 08, 2007 8:00 am

## ATTACHMENT

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