


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000064925</b> 1. Entity Name <b>VALERIA CAROL'S, LLC</b>	
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Principal Place of Business <b>502 NORTH LINCOLN AVENUE CLEARWATER, FL 33755 US</b>	Mailing Address <b>502 NORTH LINCOLN AVENUE CLEARWATER, FL 33755 US</b>
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**DO NOT WRITE IN THIS SPACE**



02272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5103034</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>NIXON, VALERIA 502 NORTH LINCOLN AVENUE CLEARWATER, FL 33755</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000936950  
05/27/08-80030-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIXON, VALERIA 502 NORTH LINCOLN AVENUE CLEARWATER, FL 33755
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Valeria Nixon **4/20/08** **7276566460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #