2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90122 004 ***138.75

DOCUMENT # L06000113429

1. Entity Name
VALMAR, PLC

60020997

Principal Place of Business	Mailing Address
8926 NORTH RIVER ROAD TAMPA, FL 33635	8926 NORTH RIVER ROAD TAMPA, FL 33635

03162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3509 Hickory Hammock Loop	3509 Hickory Hammock Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State: Wesley Chapel, FL
Zip: 33543 Country: Pasco	Zip: 33543 Country: Pasco

4. FEI Number: 20-5949663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPENKO, VALERY MD 8926 NORTH RIVER ROAD TAMPA, FL 33635	Name: Lipenko, Valery MD Street Address (P.O. Box Number is Not Acceptable): 3509 Hickory Hammock Loop City: Wesley Chapel FL Zip Code: 33543

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] (Val Lipenko, MD) 3/17/8
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPENKO, VALERY 8926 NORTH RIVER ROAD TAMPA, FL 33635	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lipenko, VALERY 3509 Hickory Hammock Loop Wesley Chapel, FL 33543	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/17/8 813-391-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #