

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013173

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE VALENTINES LLC

Current Principal Place of Business:

2840 HUNTER STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2840 HUNTER STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-8383314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
800 LAUREL OAK DRIVE
#600 M&I BUILDING
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: VALENTINE, MICHAEL J
Address: 1806 SE 6TH AVE.
City-St-Zip: CAPE CORAL, FL 33909

Title: VP () Delete
Name: VALENTINE, CONNIE
Address: 1806 SE 6TH AVE.
City-St-Zip: CAPE CORAL, FL 33909

Title: VP () Delete
Name: VALENTINE, MATTHEW
Address: 2840 HUNTER STREET
City-St-Zip: FORT MYERS, FL 33916

Title: VP () Delete
Name: VALENTINE, GREGORY
Address: 2840 HUNTER STREET
City-St-Zip: FORT MYERS, FL 33916

Title: S () Delete
Name: VALENTINE, CONNIE
Address: 2840 HUNTER STREET
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: VALENTINE, GREGORY
Address: 2840 HUNTER STREET
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL VALENTINE

P

01/07/2008

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