

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000013173

**FILED**  
**May 01, 2009**  
**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 (X) Delete  
Name: VALENTINE, CONNIE  
Address: 1806 SE 6TH AVE.  
City-St-Zip: CAPE CORAL, FL 33909

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

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VALENTINE, CONNIE  
Address: 1806 SE 6TH AVE.  
City-St-Zip: CAPE CORAL, FL 33909

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  
Name:  
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: CONNIE VALENTINE

MGR

05/01/2009

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