

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076917

Entity Name: VALDIANO PLAZA, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

1315 S. INTERNATIONAL PKWY
STE 1101
LAKE MARY, FL 327461407 US

New Principal Place of Business:

Current Mailing Address:

1315 S. INTERNATIONAL PKWY
STE 1101
LAKE MARY, FL 327461407 US

New Mailing Address:

FEI Number: 26-0590881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANISCALCO, DOUGLAS
1315 S. INTERNATIONAL PKWY
STE 1101
LAKE MARY, FL 327461407 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: MGRM () Delete
Name: MANISCALCO, DOUGLAS
Address: 3292 OAKMONT TERRACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: LIGUORI, JOSEPH C
Address: 5412 BIRCHBEND LOOP
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: LIGUORI, MICHAEL
Address: 510 N. ORLANDO AVE #103
City-St-Zip: WINTER PARK, FL 32789

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:

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: JOSEPH LIGUORI

PRES

02/17/2009

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