2000 UNIFORM BUSINESS REPORT (UBR)

MAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM VALENTINE, MARY ALENTINE, MARY MARE STREET ADDRESS CITY-ST-ZIP TITLE MGRM VALENTINE, MARY STREET ADDRESS CITY-ST-ZIP TITLE MGRM VALENTINE, MARY STREET ADDRESS CITY-ST-ZIP TITLE MGRM VALENTINE, JAMES A STREET ADDRESS CITY-ST-ZIP TITLE MGRM VALENTINE, JAMES A STREET ADDRESS CITY-ST-ZIP TITLE MGRM VALENTINE, JAMES A STREET ADDRESS CITY-ST-ZIP TITLE MARE STREET ADDRESS CITY-ST-ZIP	DOCU 1. Entity Nam VAL GRO		L96000	0000748				,	OO JAN	FILE		<u>'</u> 4
Suite, Apt. #, etc. City & State City & St	C/O JAMES A 525 EDGEMON	. VALENTINE IT LANE	-	C/O JAMES A. VALENTINE 525 EDGEMONT LANE								
City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fig. Required Name Name Name Name Name Name Name Street Address of New Registered Agent City Street Address (RO. Box Number is Not Acceptable) Street Address (RO. Box Number is Not Acceptable) City FL Zip Code 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. SIGNATURE Street Address (RO. Box Number is Not Acceptable) City FL Zip Code ADDITIONS/CHANGES SIGNATURE MGRM VALENTINE, MATHAS A SIGNATURE MGRM SIGNATURE MGRM SIGNATURE MGRM MGRM SIGNATURE MGRM S	2. Principal P	lace of Business		3. Mailing Address			.		illi 18 14 i 1 14 i 1	 	88411 6841 8	
Zip Country Zip Country Zip Country S. Certificate of Status Desired S. 5.0 Additional See Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
Exis DOCUMENT SERVICES, INC. Street Address (PO. Box Number is Not Acceptable)	City & Stat	е		City & State			4. FEIN	2C-40027E4				
LEXIS DOCUMENT SERVICES, INC. 3953 W. W. KELLY PD. TALLAHASSEE FL 32301 City FL Zip Code City FL Zip Code 6. 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 SIGNATURE WARNAGING MEMBERS 10. ACOUNTIONS/CHANGES FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGRM OALENINE, MATHIAS A STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MARKE VALENINE, MATY VALENINE, JAMES A STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAGRM VALENINE, JAMES A STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MARKE VALENINE, JAMES A STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAGRM VALENINE, JAMES A STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MARKE VALENINE, JAMES A STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007 TITLE MAKE STREET ABOUSTS CITY-ST-29 ELK GROVE VILLAGE IL 60007	Zip	Cor	entry	Zip	Count	ry	5. Certi	ficate of Status	Desired			
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TALLAHASSEE FL 32301 City FL Zip Code 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. SIGNATURE Symptoms typed or privad name of registered allow a applicable. (NOTE Registered Agent suprace registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered allow a applicable. (NOTE Registered Agent suprace registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both, in the State of Florida. SIGNATURE Symptoms typed or privad name of registered agent, or both in the State of Policies TITLE Symptoms typed or privad name states of Symptoms typed or privad name states of Symptoms typed or			ES, INC.		Street Address (P.O. Box Number is Not Acceptable)							
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9.	8. The above	named entity subm	its this statement for	the purpose of changing its	registere	d office or regi	stered agent,	or both, in the S	Etate of Florida		İ	
B. MANAGING MEMBERS MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM VALENTINE, MATHIAS A STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP TITLE MGRM VALENTINE, MARY Debeto TITLE MARKE STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP TITLE MGRM VALENTINE, MARY STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP TITLE MGRM VALENTINE, MARY STREET ADDRESS 2299 BUSSE RD. CITY-ST-ZIP TITLE MGRM VALENTINE, JAMES A STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-S	SIGNATURE	Signature, typed or printed	I name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature req	uired when reinstat	ing)		DATE		
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	RAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	T ADDRESS ST-ZIP				_		Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MRKY VALENTINE

SIGNATURE:

MRKY VALENTINE

SIGNATURE:

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