

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000748

1. Entity Name

VAL GROUP, L.C.

FILED

00 JAN 20 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O JAMES A. VALENTINE
525 EDMONT LANE
PARK RIDGE IL 60068

Mailing Address

C/O JAMES A. VALENTINE
525 EDMONT LANE
PARK RIDGE IL 60068-2648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4093754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 W. W. KELLY RD.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME VALENTINE, MATHIAS A
STREET ADDRESS 2299 BUSSE RD.
CITY-ST-ZIP ELK GROVE VILLAGE IL 60007

TITLE MGRM ☐ Delete
NAME VALENTINE, MARY
STREET ADDRESS 2299 BUSSE RD.
CITY-ST-ZIP ELK GROVE VILLAGE IL 60007

TITLE MGRM ☐ Delete
NAME VALENTINE, JAMES A
STREET ADDRESS 2299 BUSSE RD.
CITY-ST-ZIP ELK GROVE VILLAGE IL 60007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MARY VALENTINE*
Mary Valentine REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/13/2000

Date

847-698-4231

Daytime Phone #