

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L 96 000000 748**

1. Entity Name

VAL GROUP, L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O JAMES A. VALENTINE

Suite, Apt. #, etc.

525 EDGE MONT LN.

City & State

PARK RIDGE, IL

Zip

60068

Country

USA.

3. Mailing Address

C/O JAMES A. VALENTINE

Suite, Apt. #, etc.

525 EDGE MONT LN.

City & State

PARK RIDGE, IL

Zip

60068

Country

USA.

4. FEI Number

36-4093754

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEXIS DOCUMENT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

3953 W. W. KELLY RD

City

TALLAHASSEE

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
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07/08/03--01035--003 **55.00**

**DO NOT WRITE
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

Date

847-698-4232

Daytime Phone #

CR2E0838 (12/02)