

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90257 039 \*\*\*\*50.00

DOCUMENT # L99000002418

1. Entity Name

VALHALLA INVESTMENT GROUP LLC.

Principal Place of Business

1403 PARK AVE., STE. A  
 FERNANDINA BEACH FL 32034

Mailing Address

1403 PARK AVE., STE. A  
 FERNANDINA BEACH FL 32034

17400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

1501 HANNAH CREEK

City & State

JACKSONVILLE, FLORIDA

Zip

60663

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 4527

City & State

JACKSONVILLE, FLORIDA

Zip

32034-4527

Country

USA

4. FEI Number

59-3573156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHAFFIN, TIMOTHY L  
 1403 PARK AVE., STE. A  
 FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name Jonathan L. Hay, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
 1548 Lancaster Terrace

Jacksonville

FL

32204

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

*Jonathan L. Hay*

Jonathan L. Hay, Esquire

02-28-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME CHAFFIN, TIMOTHY L  
 STREET ADDRESS 2752 SEA GROVE LANE  
 CITY-ST-ZIP FERNANDINA BEACH FL 32034

☐ Delete

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10. ADDITIONS/CHANGES

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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:

SIGNATURE REQUIRED

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

Date

1/9/02

Daytime Phone #

CR2083 (9/01)