

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90096 043 ****50.00

DOCUMENT # L99000002418

1. Entity Name

VALHALLA INVESTMENT GROUP LLC.



Principal Place of Business

**1507 HAMMER CREEK
NAPERVILLE IL 60563**

Mailing Address

**PO BOX 4527
NAPERVILLE IL 60567-4527**

2. Principal Place of Business

**659 ATLANTIC AVE DRIVE
Suite, Apt. #, etc.**

3. Mailing Address

**1419 SANDLER RD.
Suite, Apt. #, etc.**

City & State

FERNANDINA BEACH, FL.

City & State

FERNANDINA BEACH, FL.

Zip

32034

Country

USA

Zip

32034

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

7. Name and Address of New Registered Agent

**HAY ESQ, JONATHAN L
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**659 ATLANTIC AVE DRIVE
FERNANDINA BEACH, FL 32034**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (10/02)