

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000034823

**Entity Name:** VALENTI FLORIDA MANAGEMENT, INC.

**Current Principal Place of Business:**

5020 W. LINEBAUGH AVE.  
SUITE 200  
TAMPA, FL 33624

**Current Mailing Address:**

5020 W. LINEBAUGH AVE  
SUITE 200  
TAMPA, FL 33624 US

**FEI Number:** 59-3442362

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NESBITT, STEVEN M  
5020 W. LINEBAUGH AVE  
SUITE 200  
TAMPA, FL 33624 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OFCR  
Name VALENTI, DARRELL J  
Address 5020 W. LINEBAUGH AVE  
SUITE 200  
City-State-Zip: TAMPA FL 33624

Title OFCR  
Name NESBITT, STEVEN M  
Address 5020 W. LINEBAUGH AVE  
SUITE 200  
City-State-Zip: TAMPA FL 33624

Title OFCR  
Name GRANT, PETER J  
Address 5020 W. LINEBAUGH AVE  
SUITE 200  
City-State-Zip: TAMPA FL 33624

Title OFCR  
Name RITCH, SHARON  
Address 5020 W. LINEBAUGH AVE  
200  
City-State-Zip: TAMPA FL 33624

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN M. NESBITT**

**MANAGER**

**04/04/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date