## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L02000005724

## Entity Name: VALENTI SOUTHEAST MANAGEMENT, LLC

# **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: 02-0560683

#### 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

### Authorized Person(s) Detail :

MGRM	Title	MGR
VALENTI, DARRELL J	Name	NESBITT, STEVEN M
5020 W. LINEBAUGH AVE SUITE 200	Address	5020 W. LINEBAUGH AVE SUITE 200
TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624
MGRM	Title	MGRM
GRANT, PETER J	Name	RITCH, SHARON M
5020 W. LINEBAUGH AVE SUITE 200	Address	5020 W. LINEBAUGH AVE SUITE 200
	MGRM VALENTI, DARRELL J 5020 W. LINEBAUGH AVE SUITE 200 TAMPA FL 33624 MGRM GRANT, PETER J 5020 W. LINEBAUGH AVE	MGRMTitleVALENTI, DARRELL JName5020 W. LINEBAUGH AVE SUITE 200AddressTAMPA FL 33624City-State-Zip:MGRMTitleGRANT, PETER JName5020 W. LINEBAUGH AVEAddress

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

## SIGNATURE: STEVEN NESBITT

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 22, 2022 Secretary of State 2210100315CC

Certificate of Status Desired: No

Date