

**2023 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

**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

**Authorized Person(s) Detail :**

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

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

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

Title MGRM  
Name RITCH, SHARON M  
Address 5020 W. LINEBAUGH AVE  
SUITE 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 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.*

**SIGNATURE:** STEVEN M. NESBITT

**CFO**

**04/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date