

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005724

Entity Name: VALENTI SOUTHEAST MANAGEMENT, LLC**Current Principal Place of Business:**3450 BUSCHWOOD PARK DRIVE, SUITE 195
TAMPA, FL 33618**Current Mailing Address:**3450 BUSCHWOOD PARK DRIVE, SUITE 195
TAMPA, FL 33618**FEI Number:** 02-0560683**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NESBITT, STEVEN M
3450 BUSCHWOOD PARK DRIVE, SUITE 195
TAMPA, FL 33618 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	3450 BUSCHWOOD PARK DR, SUITE 195
City-State-Zip:	TAMPA FL 33618

Title	MGR
Name	NESBITT, STEVEN M
Address	3450 BUSCHWOOD PARK DR, SUITE 195
City-State-Zip:	TAMPA FL 33618

Title	MGRM
Name	GRANT, PETER J
Address	946 BROKEN ARROW COVE
City-State-Zip:	COLLIERVILLE TN 38017

Title	MGRM
Name	TREESE, BRIAN J
Address	6251 EAGLE POINT CIRCLE
City-State-Zip:	BIRMINGHAM AL 35242

Title	MGRM
Name	RITCH, SHARON M
Address	12928 CASTLEMAINE DRIVE
City-State-Zip:	TAMPA FL 33626

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN M. NESBITT**CFO****04/30/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date