

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052765

Entity Name: VALERIE WAGNER & ASSOCIATES, LLC

Current Principal Place of Business:

33 SOUTH INDIANA AVE
ENGLEWOOD, FL 34223

Current Mailing Address:

PO BOX 555
ENGLEWOOD, FL 34295

FEI Number: 32-0101139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAGNER, VALERIE T
33 SOUTH INDIANA AVE
ENGLEWOOD, FL 34223 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 WAGNER, VALERIE T
Address 33 SOUTH INDIANA AVE
City-State-Zip: ENGLEWOOD FL 34223

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: VALERIE WAGNER

MANAGING MEMBER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date