

**2025 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:**

FLORES, 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:** VALERIE T FLORES

04/13/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	FLORES, VALERIE T	Name	FLORES, ANDREW T
Address	PO BOX 555	Address	PO BOX 555
City-State-Zip:	ENGLEWOOD FL 34295	City-State-Zip:	ENGLEWOOD FL 34295

*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 FLORES

**PRESIDENT**

04/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date