

**2018 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 T WAGNER

MGMR

04/30/2018

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

\_\_\_\_\_ Date