

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000387

**Entity Name:** VALET LIVING, LLC**Current Principal Place of Business:**100 S. ASHLEY DR.  
SUITE 700  
TAMPA, FL 33602**Current Mailing Address:**100 S. ASHLEY DR.  
SUITE 700  
TAMPA, FL 33602 US**FEI Number:** 20-4186236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, FL 32301 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	CEO
Name	HANDRAHAN, PATRICK SHAWN
Address	100 S. ASHLEY DR. SUITE 700
City-State-Zip:	TAMPA FL 33602
Title	COO
Name	GRAVES, MATT
Address	100 S. ASHLEY DR. SUITE 700
City-State-Zip:	TAMPA FL 33602
Title	TREASURER AND EXECUTIVE VICE PRESIDENT
Name	DAVIS, STEVE
Address	100 S. ASHLEY DR. SUITE 700
City-State-Zip:	TAMPA FL 33602

Title	CFO
Name	BRETT, BROWN
Address	100 S. ASHLEY DR. SUITE 700
City-State-Zip:	TAMPA FL 33602
Title	SECRETARY AND EVP, GENERAL COUNSEL AND COMPLIANCE
Name	DILONE, ISORYS
Address	100 S. ASHLEY DR. SUITE 700
City-State-Zip:	TAMPA FL 33602

*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:** PATRICK SHAWN HANDRAHAN

CEO

02/06/2023

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