

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009971

Entity Name: VALMARK FINANCIAL GROUP, LLC**Current Principal Place of Business:**130 SPRINGSIDE DR, STE. 300
AKRON, OH 44333**Current Mailing Address:**130 SPRINGSIDE DR, STE. 300
AKRON, OH 44333 US**FEI Number:** 34-1924302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	RYBKA, LAWRENCE J
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

Title	MANAGER
Name	CALLAHAN, CALEB
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

Title	MANAGER
Name	EMERSON, ROGER
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

Title	MANAGER
Name	BENSON, JAMES M.
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

Title	MANAGER
Name	CHRISTENSEN, GARY
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

Title	MANAGER
Name	WILBURN, DOUGLAS F.
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

Title	MANAGER
Name	KOZENKO, ELIZABETH
Address	130 SPRINGSIDE DR, STE. 300
City-State-Zip:	AKRON OH 44333

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: ELIZABETH KOZENKO

MANAGER

02/01/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date