

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127739

**Entity Name:** SERVICES BY WALTER, LLC

**Current Principal Place of Business:**

6540 FILLMORE ST  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6540 FILLMORE ST  
HOLLYWOOD, FL 33024 US

**FEI Number:** 45-3819460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILVA, WALTER R  
6540 FILLMORE ST  
HOLLYWOOD, FL 33024 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 SILVA, WALTER R  
Address 6540 FILLMORE ST  
City-State-Zip: HOLLYWOOD FL 33024

Title PRESIDENT  
Name SILVA, WALTER R OWNER  
Address 6540 FILLMORE ST  
City-State-Zip: HOLLYWOOD FL 33024

Title MANAGER  
Name OCAMPO, ELIZABETH  
Address 6540 FILLMORE ST  
City-State-Zip: HOLLYWOOD FL 33024

Title MANAGER  
Name SILVA, MARTIN  
Address 2243 VAN BUREN ST  
City-State-Zip: HOLLYWOOD FL 33020

*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:** WALTER R SILVA

MGRM

04/27/2022

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

\_\_\_\_\_  
Date