

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099243

**Entity Name:** WAL DEVELOPMENT GROUP, LLC**Current Principal Place of Business:**550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134**Current Mailing Address:**550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134**FEI Number:** 46-1001426**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ECKSTEIN SCHECHTER, ROSA ESQ.  
550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134 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	P
Name	SERVIANSKY, DAVID
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	STERN, RODOLFO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, TREASURER
Name	STERN, EDUARDO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, SECRETARY
Name	HORWITZ, ROBERTO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	MATO, MANUEL M.
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	LOPEZ, E. DANIEL
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID SERVIANSKY

P

04/26/2013

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