

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000099248

FILED
Apr 16, 2019
Secretary of State
2593026925CC

Entity Name: WAL MANAGER, 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: 46-0989068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHECHTER, ROSA ECKSTEIN ESQUIRE
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

Title CFO
Name CEPERO, VIRGINIA
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SERVIANSKY

PRESIDENT

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date