

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099248

**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

*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**

**04/24/2015**

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

\_\_\_\_\_  
Date