

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000104238

**Entity Name:** WALK ON LLC

**Current Principal Place of Business:**

616 NW 26TH AVE  
APT 510  
MIAMI, FL 33125

**Current Mailing Address:**

616 NW 26TH AVE  
APT 510  
MIAMI, FL 33125

**FEI Number:** 46-2447327

**Certificate of Status Desired:** No

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

VINOLY, CLAUDIA  
616 NW 26TH AVE  
APT 510  
MIAMI, FL 33125 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 GABARD, MARTIN  
Address 616 NW 26TH AVE, APT 510  
City-State-Zip: MIAMI FL 33125

Title MGRM  
Name MARTELLETTI, DANIELA  
Address 616 NW 26TH AVE, APT 510  
City-State-Zip: MIAMI FL 33125

Title MGRM  
Name VINOLY, CLAUDIA  
Address 616 NW 26TH AVE, APT 510  
City-State-Zip: MIAMI FL 33125

*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:** CLAUDIA VINOLY

**MEMBER**

**01/13/2014**

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

\_\_\_\_\_  
Date