

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000064261

**Entity Name:** WALLAKER SMYRNA, LLC

**Current Principal Place of Business:**

1565 E LANSDOWNE AVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1565 E LANSDOWNE AVE  
ORANGE CITY, FL 32763 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WALLAKER, MICHAEL D  
1565 E LANSDOWNE AVE  
ORANGE CITY, FL 32763 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 MGR  
Name WALLAKER, SUSAN M  
Address 1565 E LANSDOWNE AVE  
City-State-Zip: ORANGE CITY FL 32763

Title MGR  
Name WALLAKER, MICHAEL D  
Address 1565 E LANSDOWNE AVE  
City-State-Zip: ORANGE CITY FL 32763

*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: MICHAEL D WALLAKER**

**MANAGER**

**02/16/2019**

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

\_\_\_\_\_  
Date