

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085849

**Entity Name:** WALLYLAMA, LLC

**Current Principal Place of Business:**

1550 BRICKELL AV  
APT B405  
MIAMI, FL 33129

**FILED**  
**Mar 03, 2024**  
**Secretary of State**  
**6860937192CC**

**Current Mailing Address:**

1550 BRICKELL AVENUE  
APT B405  
MIAMI, FL 33129 US

**FEI Number:** 81-2544227

**Certificate of Status Desired:** No

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

AYA SMITMANS, MANUEL  
1550 BRICKELL AV.  
APT. B405  
MIAMI, FL 33129 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 AYA SMITMANS, MANUEL  
Address 1550 BRICKELL AV.  
APT B405  
City-State-Zip: MIAMI FL 33129

Title AP  
Name SAAVEDRA, CLEMENCIA  
Address 270 RAWSON ROAD  
City-State-Zip: SHARPSBURG GA 30277

*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:** MANUEL AYA SMITMANS

**MANAGER**

**03/03/2024**

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date