

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123419

**Entity Name:** WALLMAN LLC

**Current Principal Place of Business:**

1638 NW 22ND CIRCLE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2603 NW 13TH ST  
BOX 136  
GAINESVILLE, FL 32609 US

**FEI Number:** 81-3005548

**Certificate of Status Desired:** No

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

DELANEY, ALLEN G  
1638 NW 22ND CIRCLE  
GAINESVILLE, FL 32605 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 AMBR  
Name DELANEY, ALLEN G  
Address 1638 NW 22ND CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title AMBR  
Name DELANEY, MARY T  
Address 1638 NW 22ND CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title AMBR  
Name WALLMAN, RICHARD E  
Address 444 SYLVIA ST  
City-State-Zip: ENCINITAS CA 92024

Title AMBR  
Name WALLMAN, JANET K  
Address 444 SYLVIA ST  
City-State-Zip: ENCINITAS CA 92024

*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:** ALLEN G DELANEY

**MANAGING MEMBER**

**01/07/2017**

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

\_\_\_\_\_  
Date