

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000181739

**Entity Name:** WALTER DIAZ LLC

**Current Principal Place of Business:**

469 WILLIAMS AVE  
ORANGE, FL 32763

**Current Mailing Address:**

469 WILLIAMS AVE  
ORANGE, FL 32763

**FEI Number: 87-1405603**

**Certificate of Status Desired: No**

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

DIAZ, WALTER  
469 WILLIAMS AVE  
ORANGE, 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            OWNER  
Name            DIAZ, WALTER  
Address        469 WILLIAMS AVE  
City-State-Zip: ORANGE 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: WALTER DIAZ**

**OWNER**

**02/15/2024**

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

\_\_\_\_\_  
Date