

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000095860

**Entity Name:** WALDENLIFE PENSION CAPITAL, LLC

**Current Principal Place of Business:**

6635 W. COMMERCIAL BLVD  
SUITE 115  
TAMARAC, FL 33319

**Current Mailing Address:**

6635 W. COMMERCIAL BLVD  
SUITE 115  
TAMARAC, FL 33319 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KRAUT, MINDY R ESQ  
6635 W. COMMERCIAL BLVD  
SUITE 115  
TAMARAC, FL 33319 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 WALDENLIFE COGNITIVE  
TECHNOLOGIES, LLC  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

*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:** CHANCELOR

**AUTHORIZED**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date