

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90083 006 ****55.00

B0039576

DOCUMENT # L01000022353

1. Entity Name

WAALD, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4849 N. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address

4849 N. Dixie Highway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

Zip

33334

Country

U.S.

City & State

Fort Lauderdale, FL

Zip

33334

Country

U.S.

4. FEI Number

N/A

Applied For

☒

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eaz L. Schneider

Street Address (P.O. Box Number is Not Acceptable)

350 East Las Olas Boulevard, Suite 1000

City

Fort Lauderdale

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

MGRM
TITLE
NAME Lisa Peterson, Managing Member
STREET ADDRESS 644 Spruce Street
CITY-ST-ZIP Winnetka, IL 60093

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Lisa Peterson LISA PETERSON

2/23/02 847
446 9275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)