

FILED
Apr 14, 2005 08:00 AM
Secretary of State

1. Entity Name
WAALD, LLC



Mailing Address
4849 N. DIXIE HWY.
FT. LAUDERDALE, FL 33334



CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

ANDRESEN, MARLIND
2825 NE 24TH CT.
FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

TITLE	MGRM
NAME	PETERSON, LISA
STREET ADDRESS	644 SPRUCE STREET
CITY - ST - ZIP	WINNETKA, IL 60093

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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09/21/95-80094-008 50.00

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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)(f), 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:

Mary Lund Anderson

April 8, 2005 954-564-6581

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

Date _____

Daytime Phone # _____