## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000037149

Entity Name: TEAM WALTON, LLC

City-St-Zip:

DEFUNIAK SPRINGS, FL 32433

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** DEFUNIAK SPRINGS, FL 32435 **Current Mailing Address: New Mailing Address:** 14 S 9TH ST DEFUNIAK SPRINGS, FL 32435 FEI Number: 20-2801305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, LISA A 1184-D CIRCLE DR DEFUNIAK SPRINGS, FL 32435 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ARNOLD, DONNA M Name: Name: Address: 608 ST HWY 2 WEST Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32433 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ARNOLD, ZACHERY K Name: Address: 608 ST HWY 2 WEST Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DONNA M. ARNOLD MGRM 04/30/2009