

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115953

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** WALTERS FAMILY PROPERTIES, III, LLC

**Current Principal Place of Business:**

3108 LOST TREE BLVD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

3108 LOST TREE BLVD  
FORT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WALTERS, RALPH  
3108 LOST TREE BLVD  
FORT PIERCE, FL 34981      US

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

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:**

Title:                      MRMG  
Name:                     WALTERS, RALPH W  
Address:                 3108 LOST TREE BLVD  
City-St-Zip:             FORT PIERCE, FL 34981

Title:                      MGMR  
Name:                     WALTERS, CHARLOTTE M  
Address:                 3108 LOST TREE BLVD  
City-St-Zip:             FORT PIERCE, FL 34981

I hereby 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: RALPH WALTERS

MGMR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date