

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # M05000006303

1. Entity Name
WALKAWAY USA, LLC



Principal Place of Business
**122 W. CARPENTER FREEWAY, 6TH FLOOR
IRVING, TX 75039**

Mailing Address
**122 W. CARPENTER FREEWAY, 6TH FLOOR
IRVING, TX 75039**



04122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2996228

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331**

**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. I am familiar with, and accept the obligations of registered agent.

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, 2007**

U000000761062
05/25/07-80041-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COOPER, KEITH
122 W. CARPENTER FREEWAY, 6TH FLOOR
IRVING, TX 75039**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOWELLS, RUSSELL S
122 W. CARPENTER FREEWAY, 6TH FLOOR
IRVING, TX 75039**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOYD, MICHAEL J
122 W. CARPENTER FREEWAY 6TH FLOOR
IRVING, TX 75039**

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 exemptions contained in Chapter 119, 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: _____

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

11-12-07

Date

866 886-9255

Daytime Phone #