

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008459

Entity Name: FOLDS WALKER, LLC

Current Principal Place of Business:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 US

FEI Number: 01-0659328

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALKER, STUART SCOTT
527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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

Authorized Person(s) Detail :

Title MGRM
Name WALKER, STUART SCOTT
Address 527 E UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title MGRM
Name FOLDS, ALLISON E
Address 527 E. UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STUART SCOTT WALKER

MANAGING MEMBER

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date