

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076379

Entity Name: JOANDWALTER, LLC

Current Principal Place of Business:

WALTER R. BENJAMIN
2502 MIDWAY ROAD
DECATUR, GA 30030-4566

Current Mailing Address:

WALTER R. BENJAMIN
2502 MIDWAY ROAD
DECATUR, GA 30030-4566

FEI Number: 20-1876352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GHELERTER, JANICE B
5307 ROLLINS AVENUE
JACKSONVILLE, FL 32207-7713 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 BENJAMIN, WALTER R
Address 2502 MIDWAY ROAD
City-State-Zip: DECATUR GA 30030-4566

Title MGRM
Name BENJAMIN-FARREN, JOAN
Address 46 PLEASANT STREET
City-State-Zip: SHARON MA 02067-1244

Title MGRM
Name GHELERTER, JANICE B
Address 5307 ROLLINS AVENUE
City-State-Zip: JACKSONVILLE FL 32207-7713

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: WALTER R. BENJAMIN

MANAGING PARTNER

01/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date