

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094760

**Entity Name:** WALTER PHELPS LLC

**Current Principal Place of Business:**

8157 LUCENA ST.  
NAVARRE, FL 32566

**Current Mailing Address:**

8157 LUCENA ST.  
NAVARRE, FL 32566

**FEI Number:** 35-2347976

**Certificate of Status Desired:** No

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

PHELPS, MARY J  
8163 LUCENA ST  
NAVARRE, FL 32566 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 MGR  
Name PHELPS, WALTER  
Address 8157 LUCENA ST.  
City-State-Zip: NAVARRE FL 32566

Title MGR  
Name PHELPS, WALTER B  
Address 957 JOHN WAYNE CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32547

*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 B PHELPS

MGR

03/18/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date