	•			
601 E 3RD ST LYNN HAVEN,	FL 32444			
LINN HAVEN,				
Current Mai	iling Address:			
601 E 3RD \$	ST			
LYNN HAVE	EN, FL 32444 US			
			Certificate of Status De	sirea: No
Name and A	Address of Current Registered Agent:			
WALLER, CHA	RLES BILL			
WALLER, CHA 601 E 3RD ST				
WALLER, CHA				
WALLER, CHA 601 E 3RD ST LYNN HAVEN,		ts registered office or regis	tered agent, or both, in the State of F	Florida.
WALLER, CHA 601 E 3RD ST LYNN HAVEN, The above name	FL 32444 US	ts registered office or regis	tered agent, or both, in the State of F	Florida. 02/01/2024
WALLER, CHA 601 E 3RD ST LYNN HAVEN, The above name	FL 32444 US d entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of F	
WALLER, CHA 601 E 3RD ST LYNN HAVEN, The above name SIGNATUR	FL 32444 US d entity submits this statement for the purpose of changing it E: CHARLES BILL WALLER	ts registered office or regis	tered agent, or both, in the State of F	02/01/2024
WALLER, CHA 601 E 3RD ST LYNN HAVEN, The above name SIGNATUR	FL 32444 US d entity submits this statement for the purpose of changing it E: CHARLES BILL WALLER Electronic Signature of Registered Agent	ts registered office or regis	tered agent, or both, in the State of F	02/01/2024
WALLER, CHA 601 E 3RD ST LYNN HAVEN, The above name SIGNATURE Authorized	FL 32444 US d entity submits this statement for the purpose of changing it E: CHARLES BILL WALLER Electronic Signature of Registered Agent Person(s) Detail :			02/01/2024
WALLER, CHA 601 E 3RD ST LYNN HAVEN, <i>The above name</i> SIGNATURE Authorized Title	FL 32444 US d entity submits this statement for the purpose of changing it E CHARLES BILL WALLER Electronic Signature of Registered Agent Person(s) Detail : MGR.	Title	AMBR	02/01/2024

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: CHARLES BILL WALLER

MANAGER

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: C.B. WALLER ENTERPRISES, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

FILED Feb 01, 2024 Secretary of State 2788046477CC

Date