

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000123484

**Entity Name:** C.B. WALLER ENTERPRISES, LLC

**Current Principal Place of Business:**

1002 IOWA AVENUE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1002 IOWA AVENUE  
LYNN HAVEN, FL 32444 US

**FEI Number:** 59-2663716

**Certificate of Status Desired:** No

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

WALLER LEE, MARIE  
1002 IOWA AVENUE  
LYNN HAVEN, FL 32444 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	Title	AMBR
Name	WALLER LEE, MARIE	Name	WALLER, CHARLES BILL
Address	1002 IOWA AVENUE	Address	601 E 3RD ST
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	LYNN HAVEN FL 32444

*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

AMBR

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date