

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000074633

Entity Name: C.A. WALKER SUBWAY, LLC**Current Principal Place of Business:**353 BELL CIR
LYNN HAVEN FL, FL 32444**Current Mailing Address:**P.O. BOX 177
LYNN HAVEN FL, FL 32444 US**FEI Number:** 27-3066002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, ALVINA I
353 BELL CIR
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	MANAGER	Title	AUTHORIZED MEMBER
Name	WALKER, ALVINA I	Name	TRUSTEES OF EMERALD CITY TRUST
Address	353 BELL CIR	Address	353 BELL CIR
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	LYNN HAVEN FL FL 32444
Title	AUTHORIZED MEMBER	Title	MANAGER
Name	TRUSTEES OF CMW PAPA TRUST	Name	WALKER, CHARLES M
Address	353 BELL CIR	Address	353 BELL CIR
City-State-Zip:	LYNN HAVEN FL FL 32444	City-State-Zip:	LYNN HAVEN FL 32444-4629

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 M WALKER

MANAGER

02/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date