## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000131523

Entity Name: WILLIAM T. WALD LLC

**Current Principal Place of Business:** 

1 KEY CAPRI 709W

TREASURE ISLAND. FL 33706

**Current Mailing Address:** 

1 KEY CAPRI 709W

TREASURE ISLAND. FL 33706

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALD, WILLIAM T 1 KEY CAPRI 709W

TREASURE ISLAND, FL 33706 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

FILED Jan 10, 2018

**Secretary of State** 

CC2856035431

Authorized Person(s) Detail:

Title MGR Title MGR

 Name
 WALD, WILLIAM T
 Name
 WALD, WILLIAM T

 Address
 1 KEY CAPRI 709W
 Address
 1 KEY CAPRI 709W

City-State-Zip: TREASURE ISLAND FL 33706 City-State-Zip: TREASURE ISLAND FL 33706

Title MGR Title MGR

Name WALD, WILLIAM T Name WALD, WILLIAM T

Address 1 KEY CAPRI 709W Address 1 KEY CAPRI 709W

City-State-Zip: TREASURE ISLAND FL 33706 City-State-Zip: TREASURE ISLAND FL 33706

Title MGR Title MGR

Name WALD, WILLIAM T Name WALD, WILLIAM T

Address 1 KEY CAPRI 709W Address 1 KEY CAPRI 709W

City-State-Zip: TREASURE ISLAND FL 33706 City-State-Zip: TREASURE ISLAND FL 33706

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: WILLIAM T. WALD

MGR.

01/10/2018