

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203043

**Entity Name:** WALTERS FAMILY LLC

**Current Principal Place of Business:**

4403 BLUEJACK RIDGE AVENUE  
APOPKA, FL 32712

**Current Mailing Address:**

4403 BLUEJACK RIDGE AVENUE  
APOPKA, FL 32712

**FEI Number:** 82-3079243

**Certificate of Status Desired:** No

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

WALTERS, HEIDI D  
4403 BLUEJACK RIDGE AVENUE  
APOPKA, FL 32712 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            PRES  
Name            WALTERS, HEIDI D  
Address        4403 BLUEJACK RIDGE AVE  
City-State-Zip: APOPKA FL 32712

Title            VP  
Name            TOMLINSON, CHAD  
Address        21623 SULLIVAN RANCH BLVD  
City-State-Zip: MT. DORA FL 32757

*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:** HEIDI WALTERS

**PRESIDENT**

**04/30/2018**

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

\_\_\_\_\_  
Date