

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000059654

**Entity Name:** WALKER MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

6239 W FALLSGROVE LN  
PORT ORANGE, FL 32128

**Current Mailing Address:**

6239 W FALLSGROVE LN  
PORT ORANGE, FL 32128 US

**FEI Number: 83-3895459**

**Certificate of Status Desired: Yes**

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

WALKER, BENJAMIN H JR  
6239 W FALLSGROVE LN  
PORT ORANGE, FL 32128 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 AMBR  
Name WALKER, BENJAMIN H III  
Address 2824 REGENT CRESCENT  
City-State-Zip: DAYTONA FL 32119

Title AMBR  
Name WALKER, BENJAMIN H JR  
Address 6239 W FALLSGROVE LN  
City-State-Zip: PORT ORANGE FL 32128

Title AMBR  
Name WALKER, KIMBERLY M  
Address 2300 VIRGINIA DRIVE  
City-State-Zip: ORLANDO FL 32803

Title AMBR  
Name WALKER, SOMMER L  
Address 6239 W FALLSGROVE LN  
City-State-Zip: PORT ORANGE FL 32128

*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: KIMBERLY WALKER**

**AMBR**

**04/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date