

2022 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: No

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

Title AMBR
Name WALKER, TAYLOR M
Address 15211 SW 86TH AVENUE
City-State-Zip: PALMETTO BAY FL 33157

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: BENJAMIN H WALKER JR

AMBR

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date