#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000049808

**Entity Name: NOTARIA DAVID WALTON LLC** 

**FILED** Mar 07, 2024 **Secretary of State** 6002837118CC

# **Current Principal Place of Business:**

217 MIRACLE STRIP PKWY SE

SUITE 115

FORT WALTON, FL 32548

## **Current Mailing Address:**

217 MIRACLE STRIP PKWY SE **SUITE 115** FORT WALTON, FL 32548 US

FEI Number: 87-4064417 Certificate of Status Desired: No

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

SERVICIOS NOTARIA DAVID LLC 4003 WEST 18 ST SUITE B PANAMA CITY, FL 32548 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: CESAR DURO 03/07/2024

> Date Electronic Signature of Registered Agent

## Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

DURO, CESAR Name Name SANZ, MARIA 4003 W 18TH ST 4003 W 18TH ST Address Address

STE B STE B

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

Title **MANAGER** 

Name DURO, PATRICIA 1424 WEST 11 ST Address

SIGNATURE: SANZ MARIA

City-State-Zip: PANAMACITY FL 32401

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.

**AMBR**