### SIGNATURE: WALTER SILVA AUTHORIZED OFFICER

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L23000385172 Entity Name: WALTER & WALTER CONSULTING LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

18335 COLLINS AVENUE **SUITE 1236** SUNNY ISLES FL., FL 33160

# **Current Mailing Address:**

18335 COLLINS AVENUE **SUITE 1236** SUNNY ISLES FL., FL 33160 US

# FEI Number: 93-4640821

# Name and Address of Current Registered Agent:

WALTER, SILVA 18335 COLLINS AVENUE **SUITE 1236** SUNNY ISLES, FL 33160 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	· WALTER SILVA		04/29/2024
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	AO	Title	AO
Name	SILVA, WALTER	Name	TENA, WALTER
Address	18335 COLLINS AVENUE SUITE 1236	Address	18335 COLLINS AVENUE SUITE 1236
City-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	SUNNY ISLES FL 33160

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

Certificate of Status Desired: Yes

04/29/2024 Date