

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000109568

Entity Name: DR. WALKER LEARNING ACADEMY LLC

Current Principal Place of Business:

4201 SAN DIEGO AVE.
FORT PIERCE, FL 34946

Current Mailing Address:

3508 ROSELAWN BLVD.
FORT PIERCE, FL 34982

FEI Number: 99-1690352

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCNEAL-WALKER, BELINDA L DR.
3508 ROSELAWN BLVD.
FORT PIERCE, FL 34982 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 CEO, PRESIDENT
Name MCNEAL-WALKER, BELINDA L DR.
Address 3508 ROSELAWN BLVD.
City-State-Zip: FORT PIERCE FL 34982

Title ASST. SECRETARY, VP
Name WALKER, JASMINE L
Address 3508 ROSELAWN BLVD.
City-State-Zip: FORT PIERCE FL 34982

Title AMBR
Name WALKER, ERIC A
Address 3508 ROSELAWN BLVD.
City-State-Zip: FORT PIERCE FL 34982

Title ASST. SECRETARY, ASST. TREASURER
Name WALKER, JEREMIAH A
Address 3508 ROSELAWN BLVD.
City-State-Zip: FORT PIERCE FL 34982

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: MCNEAL-WALKER , BELINDA L , DR

CEO

03/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date