2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000002888

Entity Name: WALTON DEVELOPMENT & MANAGEMENT FL, LLC

FILED
Mar 21, 2025
Secretary of State
3279686388CC

Current Principal Place of Business:

8800 N. GAINEY CENTER DR.
SUITE 345
SCOTTSDALE, AZ 85258

Current Mailing Address:

8800 N. GAINEY CENTER DR.
SUITE 345
SCOTTSDALE, AZ 85258 US

FEI Number: 61-1711788

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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	MANAGING MEMBER
Name	WALTON DEVELOPMENT & MANAGEMENT (USA), INC.
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	CHONG , CLARA
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	DOHERTY , MICHAEL P.
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	PRESIDENT, CEO
Name	DOHERTY , WILLIAM K.
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	VP
Name	BRUCE , REBECCA
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	DLUZEN , BARRY
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	VP
Name	DOHERTY , SIOBHAN M.
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	HADLEY , ED
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

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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: CHONG, CLARA — AUTHORIZED SIGNATORY — 03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP
Name	KAMINSKI , KATE
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	MORMAN , ADAM
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	PETER , DAVID
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	VP
Name	WOODHEAD , TODD
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	VP
Name	KRETSCHMER , RYAN
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	NOSKY , PRICE
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258

Title	AUTHORIZED SIGNATORY
Name	SPARROW , ANTHONY
Address	8800 N. GAINEY CENTER DR. SUITE 345
City-State-Zip:	SCOTTSDALE AZ 85258