

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21000000010

**Entity Name:** HWAM FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5046 SW 137 TERRACE  
MIRAMAR, FL 33027

**Current Mailing Address:**

5046 SW 137 TERRACE  
MIRAMAR, FL 33027 US

**FEI Number: 86-1873072**

**Certificate of Status Desired: No**

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

TOLLEY, RACHEL L  
2600 S DOUGLAS ROAD  
SUITE 1008  
CORAL GABLES, FL 33134 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

**General Partner Detail :**

Document #		Document #	
Name	WOHLFEILER, HERNAN	Name	MONGE, ANGELA ROSA
Address	5046 SW 137 TERRACE	Address	5046 SW 137 TERRACE
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HERNAN WOHLFEILER**

**GP**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date