

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000011124

Entity Name: AW RE HOLDINGS, LLC**Current Principal Place of Business:**16699 COLLINS AVENUE
UNIT 2403
SUNNY ISLES, FL 33160**Current Mailing Address:**16699 COLLINS AVENUE
UNIT 2403
SUNNY ISLES, FL 33160**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELDEIRY & RUBINO, PLLC
480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325 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 MGRM
Name AWADALLA, ASHRAF G
Address 16699 COLLINS AVENUE, UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title MGRM
Name AWADALLA, AUDETTE
Address 16699 COLLINS AVENUE, UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title VC
Name AWADALLA, AMIR A DR.
Address 16699 COLLINS AVENUE
UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title VC
Name AWADALLA, AMGAD MARK A DR
Address 16699 COLLINS AVENUE
UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title CEO
Name AWADALLA, ANDREW A JR.
Address 16699 COLLINS AVENUE
UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title SECRETARY
Name TAWFIK, MIRANDA SR.
Address 16699 COLLINS AVENUE
UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title SECRETARY
Name AWADALLA, SARAH SR.
Address 16699 COLLINS AVENUE
UNIT 2403
City-State-Zip: SUNNY ISLES FL 33160

Title SECRETARY
Name GUIRGUIS AWADALLA, CATHERINE
SR.
Address 16699 COLLINS AVENUE
UNIT 2403
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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR.ASHRAF AWADALLA**MANGER****01/14/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date