

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000131263

Entity Name: NKW BISCAYNE INVESTMENTS, LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137

FILED
Apr 23, 2021
Secretary of State
5739133705CC

Current Mailing Address:

4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137 US

FEI Number: 27-4393060

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS, ALAN S
4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137 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: ALAN S. WALTERS

04/23/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name AGRAWAL, AL
Address 4770 BISCAYNE BLVD
STE 1100
City-State-Zip: MIAMI FL 33137

Title VP
Name GALBUT, ERIC B
Address 4770 BISCAYNE BLVD
STE 1100
City-State-Zip: MIAMI FL 33137

Title PRESIDENT
Name GALBUT, ABRAHAM A
Address 4770 BISCAYNE BLVD
STE 1400
City-State-Zip: MIAMI FL 33137

Title SECRETARY, TREASURER
Name ALLEN, ALINA
Address 4770 BISCAYNE BLVD
STE 1100
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name GALBUT, ABRAHAM A
Address 4770 BISCAYNE BLVD,
STE 1400
City-State-Zip: MIAMI FL 33137

Title MANAGER
Name GALBUT, ERIC B
Address 4770 BISCAYNE BLVD
STE 1400
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED REPRESENTATIVE
Name WALTERS, ALAN S
Address 4770 BISCAYNE BLVD.
STE 1400
City-State-Zip: MIAMI FL 33137

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: ABRAHAM A GALBUT

MANAGER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date