### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000077467

Entity Name: RWG FINANCIAL MANAGEMENT, LLC

#### **Current Principal Place of Business:**

2200 BISCAYNE BLVD MIAMI, FL 33137

## **Current Mailing Address:**

2200 BISCAYNE BLVD MIAMI, FL 33137

### FEI Number: 80-0828767

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

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

| Title           | MGR                 | Title           | MGR                 |
|-----------------|---------------------|-----------------|---------------------|
| Name            | SMITH, DAVID B      | Name            | MUHLRAD, MARK       |
| Address         | 2220 BISCAYNE BLVD  | Address         | 2200 BISCAYNE BLVD  |
| City-State-Zip: | MIAMI FL 33137      | City-State-Zip: | MIAMI FL 33137      |
|                 |                     |                 |                     |
| Title           | PRESIDENT           | Title           | VP                  |
| Name            | DACHOH, SHLOMO      | Name            | BETHENCOURT, MAGALY |
| Address         | 2200 BISCAYNE BLVD  | Address         | 2200 BISCAYNE BLVD  |
| City-State-Zip: | MIAMI FL 33137      | City-State-Zip: | MIAMI FL 33137      |
|                 |                     |                 |                     |
| Title           | SECRETARY           | Title           | TREASURER           |
| Name            | BETHENCOURT, MAGALY | Name            | DE ALMAGRO, PABLO   |
| Address         | 2200 BISCAYNE BLVD  | Address         | 2200 BISCAYNE BLVD  |
| City-State-Zip: | MIAMI FL 33137      | 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: DAVID SMITH

MGR

04/21/2016

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 21, 2016 Secretary of State CC0435665777