

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000006720

**Entity Name:** AOW MANAGEMENT, LLC

**Current Principal Place of Business:**

1120 E. KENNEDY BLVD.  
SUITE 225  
TAMPA, FL 33602

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**1365999520CC**

**Current Mailing Address:**

3225 S MACDILL AVE  
#129-326  
TAMPA, FL 33629 US

**FEI Number: 80-0940560**

**Certificate of Status Desired: No**

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

DEMARCAJ, DAVID J  
1120 E. KENNEDY BLVD.  
SUITE 225  
TAMPA, FL 33602 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 SYNERGY ASSET MANAGEMENT HOLDINGS, LLC  
Address 1120 E. KENNEDY BLVD. SUITE 225  
City-State-Zip: TAMPA FL 33602

*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 DEMARCAJ**

**RA**

**04/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date