

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000042519

**Entity Name:** CW MANAGEMENT LLC

**Current Principal Place of Business:**

365 FIFTH AVE. S. (201)  
NAPLES, FL 34102

**Current Mailing Address:**

365 FIFTH AVE. S. (201)  
NAPLES, FL 34102 US

**FEI Number:** 36-4779705

**Certificate of Status Desired:** Yes

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

WHITE, ELIZABETH  
365 FIFTH AVE. S. (201)  
NAPLES, FL 34102 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:** ELIZABETH WHITE

01/23/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                 |                 |                  |
|-----------------|-----------------|-----------------|------------------|
| Title           | P               | Title           | VP               |
| Name            | WHITE, CALEB    | Name            | WHITE, ELIZABETH |
| Address         | 2175 SHAD CT.   | Address         | 2175 SHAD CT.    |
| City-State-Zip: | NAPLES FL 34102 | City-State-Zip: | NAPLES FL 34102  |

*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:** ELIZABETH WHITE

VP

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date