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.

OWNER/VP/CFO

SIGNATURE: ELIZABETH WHITE

Electronic Signature of Signing Authorized Person(s) Detail

2024 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

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			01/18/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	Ρ	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	

Certificate of Status Desired: Yes

FILED Jan 18, 2024 Secretary of State 1219078839CC

> 01/18/2024 Date