

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000077600

**Entity Name:** AW FLORIDA MOB III MANAGER, LLC

**Current Principal Place of Business:**

11780 US HIGHWAY ONE  
SUITE 305  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11780 US HIGHWAY ONE  
SUITE 305  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 47-3910242

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MANAGER	Title	MANAGER
Name	WAXMAN, BRIAN K.	Name	LEBENSON, DAVID S.
Address	11780 US HIGHWAY ONE SUITE 305	Address	11780 US HIGHWAY ONE SUITE 305
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408

*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:** BRIAN K. WAXMAN

**MANAGER**

**02/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date