

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000077606

**Entity Name:** AW ASSET MANAGEMENT, 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:** 47-3924861

**Certificate of Status Desired:** No

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

WAXMAN, BRIAN K  
11780 US HIGHWAY ONE  
SUITE 305  
NORTH PALM BEACH, FL 33408 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            PRESIDENT  
Name            WAXMAN, BRIAN K  
Address        11780 US HIGHWAY ONE  
                 SUITE 305  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            VP  
Name            AKHTER, MUJEEB  
Address        11780 US HIGHWAY ONE,  
                 SUITE 305  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            VP  
Name            LEBENSON, DAVID  
Address        11780 US HIGHWAY ONE,  
                 SUITE 305  
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

**PRESIDENT**

**04/16/2019**

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

\_\_\_\_\_  
Date