

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000232294

**Entity Name:** A.K.W. SPECIALIST L.L.C.

**Current Principal Place of Business:**

9599 SW 42ND CT.  
OCALA, FL 34476

**Current Mailing Address:**

9599 SW 42ND CT.  
OCALA, FL 34476 US

**FEI Number:** 47-2769900

**Certificate of Status Desired:** Yes

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

WHITLOCK, ANTHONY K  
9599 SW 42ND CT.  
OCALA, FL 34476 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	MGR	Title	MGR
Name	WHITLOCK, ANTHONY K	Name	WHITLOCK, ANTHONY K
Address	9599 SW 42ND CT.	Address	9599 SW 42ND CT.
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476

*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:** ANTHONY K WHITLOCK

MGR

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date