

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000332025

**Entity Name:** A & KW ENTERPRISE, LLC

**Current Principal Place of Business:**

8646 TRISTAN DR  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

7749 NORMANDY BLVD  
SUITE 121-658  
JACKSONVILLE, FL 32210 US

**FEI Number:** 88-3462644

**Certificate of Status Desired:** No

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

WILLIAMS, ANGELA  
8646 TRISTAN DR  
JACKSONVILLE, FL 32210 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 AMBR  
Name WILLIAMS, ANGELA  
Address 8646 TRISTAN DR  
City-State-Zip: JACKSONVILLE FL 32210

Title AMBR  
Name WILLIAMS, KENNETH L  
Address 8646 TRISTAN DR  
City-State-Zip: JACKSONVILLE FL 32210

*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:** ANGELA WILLIAMS

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date