

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000362442

**Entity Name:** AKW MANAGEMENT LLC

**Current Principal Place of Business:**

455 NW 35TH ST  
BOCA RATON, FL 33431

**Current Mailing Address:**

455 NW 35TH ST  
BOCA RATON, FL 33431 US

**FEI Number:** 32-0743288

**Certificate of Status Desired:** No

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

BARILE, ALICIA N  
5183 NW 48TH AVE  
COCONUT CREEK, FL 33073 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	AMBR
Name	BARILE, ALICIA N	Name	ALLISON NICOLE NONA
Address	5183 NW 48TH AVE	Address	455 NW 35TH ST
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	BOCA RATON FL 33431

*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:** ALLISON NONA

**OWNER**

**03/11/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date