## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009960

Entity Name: NKW PORTFOLIO III, LLC

**Current Principal Place of Business:** 

4770 BISCAYNE BLVD STE 1080

MIAMI, FL 33137

**Current Mailing Address:** 

4770 BISCAYNE BLVD STE 1080 MIAMI, FL 33137 US

FEI Number: 81-4595859 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS, ALAN S ESQ GALBUT, WALTERS & ASSOCIATES, LLP 4770 BISCAYNE BLVD STE 1400 MIAMI, FL 33137 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

**FILED** Apr 27, 2017

**Secretary of State** 

CC5645713457

Authorized Person(s) Detail:

MGR Title Title MGR

Name GALBUT, NANCY K Name GALBUT, ERIC B

Address 4770 BISCAYNE BLVD STE 1080 Address 4770 BISCAYNE BLVD STE 1080

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title VΡ Title **PRESIDENT** 

Name GALBUT, NANCY K Name GALBUT, ERIC B

Address 4770 BISCAYNE BLVD STE 1080 Address 4770 BISCAYNE BLVD STE 1080

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title **SECRETARY** Title VΡ

WALTERS, ALAN S Name Name WALTERS, ALAN S 4770 BISCAYNE BLVD Address Address

4770 BISCAYNE BLVD 1400 1400

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title **TREASURER** Name AGRAWAL, AL

4770 BISCAYNE BLVD Address

1080

City-State-Zip: MIAMI FL 33137

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.

04/27/2017 SIGNATURE: NANCY K GALBUT **MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

Date