

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008750

**Entity Name:** NKW PORTFOLIO IV, LLC

**Current Principal Place of Business:**

4770 BISCAYNE BLVD  
STE 1100  
MIAMI, FL 33137

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**0801280994CC**

**Current Mailing Address:**

4770 BISCAYNE BLVD  
STE 1400  
MIAMI, FL 33137 US

**FEI Number:** 82-3124768

**Certificate of Status Desired:** No

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

WALTERS, ALAN S ESQ  
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

**Authorized Person(s) Detail :**

Title MGR  
Name GALBUT, NANCY K  
Address 4770 BISCAYNE BLVD.  
STE 1400  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name GALBUT, ERIC B  
Address 4770 BISCAYNE BLVD  
STE 1100  
City-State-Zip: MIAMI FL 33137

Title PRESIDENT  
Name GALBUT, ERIC B  
Address 4770 BISCAYNE BLVD  
STE 1100  
City-State-Zip: MIAMI FL 33137

Title VP  
Name GALBUT, NANCY K  
Address 4770 BISCAYNE BLVD.  
STE 1400  
City-State-Zip: MIAMI FL 33137

Title VP  
Name GALBUT, ABRAHAM A.  
Address 4770 BISCAYNE BLVD  
STE 1400  
City-State-Zip: MIAMI FL 33137

Title VP  
Name WALTERS, ALAN S  
Address 4770 BISCAYNE BLVD  
SUITE 1400  
City-State-Zip: MIAMI FL 33137

Title SECRETARY  
Name WALTERS, ALAN S  
Address 4770 BISCAYNE BLVD  
SUITE 1400  
City-State-Zip: MIAMI FL 33137

Title TREASURER  
Name AGRAWAL, AL  
Address 4770 BISCAYNE BLVD  
STE 1100  
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.*

**SIGNATURE:** ERIC GALBUT

**MANAGER**

**04/23/2021**

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

\_\_\_\_\_  
Date