

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008750

Entity Name: NKW PORTFOLIO IV, LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD
STE 580
MIAMI, FL 33137

FILED
Apr 25, 2022
Secretary of State
2689261289CC

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	Title	MGR
Name	GALBUT, NANCY K	Name	GALBUT, ERIC B
Address	4770 BISCAYNE BLVD. STE 1400	Address	4770 BISCAYNE BLVD STE 580
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	PRESIDENT	Title	VP
Name	GALBUT, ERIC B	Name	GALBUT, NANCY K
Address	4770 BISCAYNE BLVD STE 580	Address	4770 BISCAYNE BLVD. STE 1400
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	VP	Title	VP
Name	GALBUT, ABRAHAM A.	Name	WALTERS, ALAN S
Address	4770 BISCAYNE BLVD STE 1400	Address	4770 BISCAYNE BLVD SUITE 1400
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	SECRETARY	Title	TREASURER
Name	WALTERS, ALAN S	Name	AGRAWAL, AL
Address	4770 BISCAYNE BLVD SUITE 1400	Address	4770 BISCAYNE BLVD STE 580
City-State-Zip:	MIAMI FL 33137	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: ALAN S. WALTERS

VP

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date