

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000061128

Entity Name: AUW MANAGEMENT LLC**Current Principal Place of Business:**7190 SW 87TH AVE STE 207
MIAMI , FL 33173**Current Mailing Address:**7190 SW 87TH AVE STE 207
MIAMI, FL 33173 US**FEI Number:** 99-0376667**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 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 MORERA, EDLEEN
Address 7190 SW 87TH AVE STE 207
City-State-Zip: MIAMI FL 33173

Title MGR
Name BALTODANO, ELIZABETH
Address 7190 SW 87TH AVE STE 207
City-State-Zip: MIAMI FL 33173

Title MGR
Name DE PAZ, EVELYN
Address 7190 SW 87TH AVE STE 207
City-State-Zip: MIAMI FL 33173

Title MGR
Name DE PAZ, MOISES
Address 7190 SW 87TH AVE STE 207
City-State-Zip: MIAMI FL 33173

Title MGR
Name DE PAZ, NELLY
Address 7190 SW 87TH AVE STE 207
City-State-Zip: MIAMI FL 33173

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: EDLEEN MORERA

MGR

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date