

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000096229

**Entity Name:** KMW ASSOCIATES, LLC

**Current Principal Place of Business:**

6215 BAYSHORE BLVD.  
TAMPA, FL 33611

**Current Mailing Address:**

6215 BAYSHORE BLVD.  
TAMPA, FL 33611 US

**FEI Number:** 47-4192227

**Certificate of Status Desired:** No

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

WILLIAMS, KRISTINE  
4202 E. FOWLER AVE.  
CUT 100  
TAMPA, FL 33620 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            AMBR  
Name            WILLIAMS, KRISTINE  
Address        6215 BAYSHORE BLVD.  
City-State-Zip: TAMPA FL 33611

*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:** KRISTINE WILLIAMS

**PRINCIPAL**

**01/30/2019**

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

\_\_\_\_\_  
Date