

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000202513

**Entity Name:** STW ADVISORS LLC**Current Principal Place of Business:**2645 SOUTH BAYSHORE DRIVE  
SUITE 1802  
MIAMI, FL 33133**Current Mailing Address:**2645 SOUTH BAYSHORE DRIVE  
SUITE 1802  
MIAMI, FL 33133 US**FEI Number:** 81-0739024**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | AUTHORIZED REPRESENTATIVE               |
| Name            | WELLS, SHAWN T                          | Name            | WELLS, KARA N                           |
| Address         | 2645 SOUTH BAYSHORE DRIVE<br>SUITE 1802 | Address         | 2645 SOUTH BAYSHORE DRIVE<br>SUITE 1802 |
| City-State-Zip: | MIAMI FL 33133                          | City-State-Zip: | MIAMI FL 33133                          |

*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:** KARA N. WELLS**AUTHORIZED  
REPRESENTATIVE****03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date