

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000027929

**Entity Name:** ATHENA PARTNERS WEALTH MANAGEMENT LLC

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**0905476266CC**

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD  
SUITE 4300  
MIAMI, FL 33131

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD  
SUITE 4300  
MIAMI, FL 33131 US

**FEI Number: 81-1573866**

**Certificate of Status Desired: No**

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

BLACK, DAVID R ESQ  
200 SOUTH BISCAYNE BLVD  
SUITE 4300  
MIAMI, FL 33131 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            BLACK, DAVID R ESQ.  
Address        200 SOUTH BISCAYNE BLVD  
                  SUITE 4300  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            THOMAS, LORNE CFA  
Address        200 SOUTH BISCAYNE BLVD  
                  SUITE 4300  
City-State-Zip: MIAMI FL 33131

*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: DAVID BLACK**

**AMBR**

**02/13/2019**

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

\_\_\_\_\_  
Date