

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000148893

**Entity Name:** CWF MIAMI LLC

**Current Principal Place of Business:**

2401 S OCEAN DR  
APT 507  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

2401 S OCEAN DR  
APT 507  
HOLLYWOOD, FL 33019 US

**FEI Number:** 88-1743886

**Certificate of Status Desired:** No

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

GARCIA, FRANK III  
2401 S OCEAN DR  
APT 507  
HOLLYWOOD, FL, FL 33019 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 GARCIA, FRANK III  
Address 2401 S OCEAN DR. APT 507  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name PAULI, WALKIRIA L  
Address 2401 S OCEAN DR. APT 507  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name PAULI-GARCIA, CHRISTOPHER H  
Address 2401 S OCEAN DR. APT 507  
City-State-Zip: HOLLYWOOD FL 33019

*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:** WALKIRIA PAULI

**MANAGER**

**04/22/2025**

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

\_\_\_\_\_  
Date