## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002242

Entity Name: NKW PORTFOLIO II, LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD,

STE 1100 MIAMI, FL 33137

**Current Mailing Address:** 

4770 BISCAYNE BLVD, STE 1400

MIAMI, FL 33137 US

FEI Number: 35-2553877 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS, ALAN S ESQ. GALBUT, WALTERS & ASSOCIATES, LLP 4770 BISCAYNE BLVD, STE. 1400 MIAMI, FL 33137 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 MGR

Name GALBUT, NANCY K Name GALBUT, ERIC B

Address 4770 BISCAYNE BLVD, Address 4770 BISCAYNE BLVD

STE 1400 STE 1100

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title PRESIDENT Title VP

Name GALBUT, ERIC B Name GALBUT, NANCY

Address 4770 BISCAYNE BLVD Address 4770 BISCAYNE BLVD

STE 1100 STE 1400

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title VP Title SECRETARY

Name WALTERS, ALAN S Name WALTERS, ALAN S

Address 4770 BISCAYNE BLVD Address 4770 BISCAYNE BLVD

STE 1400 STE 1400

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title TREASURER
Name AGRAWAL. AL

Address 4770 BISCAYNE BLVD

STE 1100

City-State-Zip: MIAMI FL 33137

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: ALAN S WALTERS VP 06/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jun 21, 2020

**Secretary of State** 

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