2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1600002242

Entity Name: NKW PORTFOLIO II, LLC

Current Principal Place of Business:

4770 BISCAYNE BLVD, STE. 1080 MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BLVD, STE. 1080 MIAMI, FL 33137 US

FEI Number: 35-2553877

Name and Address of Current Registered Agent:

WALTERS, ALAN S ESQ. GALBUT, WALTERS & ASSOCIATES, LLP 4770 BISCAYNE BLVD, STE. 1400 MIAMI, FL 33137 US FILED Apr 27, 2017 Secretary of State CC3453660214

Date

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

///				
Title	MGR	Title	MGR	
Name	GALBUT, NANCY K	Name	GALBUT, ERIC B	
Address	4770 BISCAYNE BLVD, STE. 1080	Address	4770 BISCAYNE BLVD, STE. 1080	
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 1080	
City Chata Zing	1080 MIANU EL 20407	City-State-Zip:	MIAMI FL 33137	
City-State-Zip:	MIAMI FL 33137		0-00	
Title	VP	Title	SECRETARY	
Name	WALTERS, ALAN S	Name	WALTERS, ALAN S	
Address	4770 BISCAYNE BLVD	Address	4770 BISCAYNE BLVD 1400	
	1400	City-State-Zip:	MIAMI FL 33137	
City-State-Zip:	MIAMI FL 33137	,		
Title	TREASURER			
Name	AGRAWAL, AL			
Address	4770 BISCAYNE BLVD 1400			

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:	NANCY GALBUT	MGR	04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail