

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000380381

**Entity Name:** KLMW LLC

**Current Principal Place of Business:**

217 S. CEDAR AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

217 S. CEDAR AVENUE  
TAMPA, FL 33606 US

**FEI Number:** 88-3988743

**Certificate of Status Desired:** No

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

LISA H. WILKERSON, ESQUIRE  
1700 SOUTH MACDILL AVENUE, SUITE 200  
TAMPA, FL 33606 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 BLACKACRE MGMT, LLC  
Address 217 S. CEDAR AVENUE  
City-State-Zip: TAMPA FL 33606

*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:** WALLACE GREG WILKERSON

**AUTHORIZED SIGNOR**

**03/21/2023**

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

\_\_\_\_\_ Date