

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000052101

**Entity Name:** 669 WEST, LLC

**Current Principal Place of Business:**

669 WEST STREET  
NAPLES, FL 34108

**Current Mailing Address:**

669 WEST STREET  
NAPLES, FL 34108 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MORRAND, KEN  
669 WEST STREET  
NAPLES, FL 34108 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:** KEN MORRAND

05/05/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MBR
Name	MORRAND, EVELYN C	Name	MORRAND, EVELYN
Address	669 WEST STREET	Address	669 WEST STREET
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

*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:** EVELYN MORRAND

MANAGER

05/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date