

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059343

**Entity Name:** PF NAPLES LLC

**Current Principal Place of Business:**

197 PORTLAND STREET, 6TH FLOOR  
BOSTON, MA 02114

**Current Mailing Address:**

C/O SCOTT M. TRUE  
308 SPIDER LILY LANE  
NAPLES, FL 34119

**FEI Number:** 80-0208571

**Certificate of Status Desired:** No

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

TRUE, SCOTT M  
4061 BONITA BEACH ROAD  
103  
BONITA SPRINGS, FL 34134 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:** SCOTT TRUE

01/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	PIZZUTI, LINDA	Name	BRODIGAN, DONNA P
Address	197 PORTLAND STREET, 6TH FLOOR	Address	197 PORTLAND STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02114-1716	City-State-Zip:	BOSTON MA 02114-1716
Title	MGRM	Title	MGR
Name	PIZZUTTI, DONATO F	Name	TRUE, SCOTT M
Address	13105 VANDERBILT DR. PH-S	Address	308 SPIDER LILY LANE
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34119

*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:** SCOTT M. TRUE

MGR

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date