

**2019 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:**

PIZZUTI, DONATO F  
308 SPIDER LILY LN  
NAPLES, FL 34119 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 PIZZUTI, LINDA  
Address 197 PORTLAND STREET, 6TH FLOOR  
City-State-Zip: BOSTON MA 02114-1716

Title MGRM  
Name BRODIGAN, DONNA P  
Address 197 PORTLAND STREET, 6TH FLOOR  
City-State-Zip: BOSTON MA 02114-1716

Title MGRM  
Name PIZZUTTI, DONATO F  
Address 13105 VANDERBILT DR.  
PH-S  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name TRUE, SCOTT M  
Address 308 SPIDER LILY LANE  
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

02/08/2019

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

\_\_\_\_\_  
Date