## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000072842

**Entity Name: TCH NAPLES LLC** 

**Current Principal Place of Business:** 

24501 GOLDEN LANE

BONITA SPRINGS. FL 34135

**Current Mailing Address:** 

24501 GOLDEN LANE

BONITA SPRINGS. FL 34135 US

FEI Number: 45-2594548 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHN C GOEDE PA 6609 WILLOW PARK DRIVE 2ND FL NAPLES, FL 34109 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

**FILED** Feb 02, 2021

**Secretary of State** 

9605508569CC

Authorized Person(s) Detail:

Title MGR Title AMBR

ROY, TRISTAN ROY, DAVID Name Name

Address 24501 GOLDEN LANE Address 24501 GOLDEN LANE

BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 City-State-Zip: City-State-Zip:

Title **AUTHORIZED MEMBER** Title **AMBR** 

ROY, CYPRIEN Name Name ROY, HADRIEN

Address 2437 MILLCREEK LANE Address 24501 GOLDEN LANE

#201

City-State-Zip: **BONITA SPRINGS FL 34135** 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.

02/02/2021 SIGNATURE: DAVID J ROY **MGR**