

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000035902

Entity Name: ME OF SWFL II LLC**Current Principal Place of Business:**69 TIMBERLAND CIR S
FORT MYERS, FL 33919**Current Mailing Address:**69 TIMBERLAND CIR S
FORT MYERS, FL 33919 US**FEI Number:** 45-4780772**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRESTON, JOHN C
69 TIMBERLAND CIR S
FORT MYERS, FL 33919 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:** JOHN C PRESTON

01/31/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	THE GORDON C KAUFMAN REVOCABLE TRUST
Address	11054 WINE PALM RD
City-State-Zip:	FORT MYERS FL 33966
Title	AUTHORIZED MEMBER
Name	KURT W KAUFMAN REVOCABLE LIVING TRUST
Address	26442 BRICK LANE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	AUTHORIZED MEMBER
Name	CAPTAIN MASSAGE LLC
Address	14380 RIVA DEL LAGO
City-State-Zip:	FORT MYERS FL 33907
Title	AUTHORIZED MEMBER
Name	JOHN C PRESTON III REVOCABLE TRUST
Address	69 TIMBERLAND CIR S
City-State-Zip:	FORT MYERS FL 33919

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: JOHN PRESTON**MANAGING MEMBER**

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date