

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080077

**Entity Name:** HESPERRHODOS, LLC

**Current Principal Place of Business:**

1564 GORMICAN LANE  
NAPLES, FL 34110

**Current Mailing Address:**

1564 GORMICAN LANE  
NAPLES, FL 34110

**FEI Number:** 90-0861798

**Certificate of Status Desired:** No

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

WILLIAMSON, KYLE N.  
4099 TAMIAMI TRAIL N.  
SUITE 300  
NAPLES, FL 34103 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:** KYLE N. WILLIAMSON

04/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGRM               | Title           | MGRM               |
| Name            | ROSE, PHILIP W     | Name            | ROSE, MICHELLE A   |
| Address         | 1564 GORMICAN LANE | Address         | 1564 GORMICAN LANE |
| City-State-Zip: | NAPLES FL 34110    | City-State-Zip: | NAPLES FL 34110    |

*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:** PHILIP W ROSE

MGRM

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date