

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000068195

**Entity Name:** 989 AIRPORT, LLC

**Current Principal Place of Business:**

4241 CORPORATE SQUARE  
NAPLES, FL 34104

**Current Mailing Address:**

4241 CORPORATE SQUARE  
NAPLES, FL 34104

**FEI Number:** 46-2839225

**Certificate of Status Desired:** No

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

SAMS, T E  
4241 CORPORATE SQUARE  
NAPLES, FL 34104 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:** T E SAMS

02/09/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            SAMS, T E  
Address        4241 CORPORATE SQUARE  
City-State-Zip: NAPLES FL 34104

*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:** T E SAMS

AMBR

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date