# 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

SIGNATURE: CHADD P. HODGES

### that my name appears above, or on an attachment with all other like empowered.

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC. 5811 PELICAN BAY BLVD., SUITE 650 NAPLES, FL 34108 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	: JEANNE L. SEEWALD			03/04/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	HODGES, CHADD P.	Name	CHAPMAN, BRIAN	
Address	325 COCOHATCHEE BLVD.	Address	325 COCOHATCHEE BLVD.	
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110	

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000201144

Entity Name: 16090 S TAMIAMI TRAIL LLC

### **Current Principal Place of Business:**

325 COCOHATCHEE BLVD. NAPLES. FL 34110

### **Current Mailing Address:**

325 COCOHATCHEE BLVD. NAPLES. FL 34110 US

### FEI Number: 81-4640525

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

03/04/2023

Date

FILED Mar 04, 2023 Secretary of State 8669734383CC

Certificate of Status Desired: No