

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000186177

Entity Name: 3541 CEITUS HOLDINGS LLC

Current Principal Place of Business:

13650 FIDDLESTICKS BLVD
BOX 202-387
FORT MYERS, FL 33912

Current Mailing Address:

13650 FIDDLESTICKS BLVD
BOX 202-387
FORT MYERS, FL 33912

FEI Number: 86-3528839

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHAFFNER, RICHARD H
13650 FIDDLESTICKS BLVD
BOX 202-387
FORT MYERS, FL 33912 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

Authorized Person(s) Detail :

Title AMBR
Name HAT TRICK PROPERTIES LLC
Address 13650 FIDDLESTICKS BLVD, BOX 202-387
City-State-Zip: FORT MYERS FL 33912

Title MGR
Name SHAFFNER, RICHARD H
Address 13650 FIDDLESTICKS BLVD BOX 202-387
City-State-Zip: FORT MYERS FL 33912

Title MGR
Name KERRIGAN, KRISTEN M
Address 13650 FIDDLESTICKS BLVD, BOX 202-387
City-State-Zip: FORT MYERS FL 33912

Title MANAGER
Name KERRIGAN, TODD K
Address 13650 FIDDLESTICKS BLVD BOX 202-387
City-State-Zip: FORT MYERS FL 33912

Title AMBR
Name PLG INVESTMENTS 3541 LLC
Address 879 VANDERBILT BEACH ROAD
City-State-Zip: NAPLES FL 34108

Title MGR
Name BURKE, MICHAEL
Address 879 VANDERBILT BEACH ROAD
City-State-Zip: NAPLES FL 34108

Title MGR
Name HABIB, HUNTER D
Address 879 VANDERBILT BEACH ROAD
City-State-Zip: NAPLES FL 34108

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: RICHARD H SHAFFNER

MANAGER

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date