

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000278521

**Entity Name:** AB HOMES SWFL, LLC

**Current Principal Place of Business:**

17660 EAST STREET  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

17660 EAST STREET  
NORTH FORT MYERS, FL 33917

**FEI Number:** 87-3331945

**Certificate of Status Desired:** No

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

ARELLANO ORTIZ, GABRIEL  
17660 EAST STREET  
NORTH FORT MYERS, FL 33917 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 P  
Name ARELLANO ORTIZ, GABRIEL  
Address 521 SE 1ST ST  
City-State-Zip: CAPE CORAL FL 33990

Title VP  
Name ARELLANO ORTIZ, RAFAEL  
Address 521 SE 1ST ST  
City-State-Zip: CAPE CORAL FL 33990

Title S  
Name ARELLANO ORTIZ, NANJI  
Address 18450 NALLE RD  
City-State-Zip: NORTH FORT MYERS FL 33917

Title OPERATIONS MANAGER  
Name LICCIARDI, MAXIMILLAN D  
Address 4115 54TH AVENUE NE  
City-State-Zip: NAPLES FL 34120

*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:** GABRIEL ARELLANO ORTIZ

**PRESIDENT**

**03/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date