

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000110524

**Entity Name:** SENTINEL TITLE & TRUST LLC

**Current Principal Place of Business:**

9045 STRADA STELL CT  
FOURTH FLOOR  
NAPLES, FL 34109

**Current Mailing Address:**

9045 STRADA STELL CT  
FOURTH FLOOR  
NAPLES, FL 34109 US

**FEI Number:** 88-0990780

**Certificate of Status Desired:** No

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

WEIDENMILLER, CASEY  
9045 STRADA STELL CT  
FOURTH FLOOR  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WEIDENMILLER, CASEY  
Address 595 GORDONIA RD  
City-State-Zip: NAPLES FL 34108

Title AMBR  
Name MICHETTI, MICHAEL  
Address 2273 RESIDENCE CIR  
City-State-Zip: NAPLES FL 34109

Title AMBR  
Name THE GREGORY N.WOODS LIVING  
TRUST DTD 7/28  
Address 9045 STRADA STELL CT, FOURTH  
FLOOR  
City-State-Zip: NAPLES FL 34109

Title AMBR  
Name THE JOSHUA D. RUDNICK LIVING  
TRST DTD 8/16  
Address 9045 STRADA STELL CT, FOURTH  
FLOOR  
City-State-Zip: NAPLES FL 34109

*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:** CASEY WEIDENMILLER

AMBR

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date