

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000501656

**Entity Name:** 405 NEAPOLITAN, LLC

**Current Principal Place of Business:**

2400 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103

**Current Mailing Address:**

2400 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SALVATORI LAW OFFICE, PLLC  
5150 TAMIAMI TRAIL NORTH  
SUITE 304  
NAPLES, FL 34103 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 MGR  
Name TCG MGMT, LLC  
Address 2400 TAMIAMI TRAIL NORTH, SUITE  
400  
City-State-Zip: NAPLES FL 34103

*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:** TCG MGMT, LLC

**MANAGER**

**02/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date