

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005565

**Entity Name:** SLIP F-18, LLC

**Current Principal Place of Business:**

3241 25TH AVE SW  
NAPLES, FL 34117

**Current Mailing Address:**

3241 25TH AVE SW  
NAPLES, FL 34117 US

**FEI Number:** 27-3905532

**Certificate of Status Desired:** No

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

SHAPIRO, MARC L ESQ  
720 GOODLETTE ROAD N, SUITE 304  
NAPLES, FL 34102 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              | Title           | MGR               |
| Name            | CASEY, TIM S     | Name            | TURVILLE, KAREN H |
| Address         | 3241 25TH AVE SW | Address         | 3241 25TH AVE SW  |
| City-State-Zip: | NAPLES FL 34117  | City-State-Zip: | NAPLES FL 34117   |

*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:** KAREN TURVILLE

**MANAGER**

**02/09/2025**

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

\_\_\_\_\_  
Date