

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000002158

**Entity Name:** WPPI NAPLES TF, LLC

**Current Principal Place of Business:**

9800 CONNECTICUT DRIVE  
SUITE:A1-100  
CROWN POINT, IN 46307

**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**1533794049CC**

**Current Mailing Address:**

9800 CONNECTICUT DRIVE  
SUITE:A1-100  
CROWN POINT, IN 46307 US

**FEI Number:** 84-4574561

**Certificate of Status Desired:** No

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

CT CORPORATION  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 WMB CORP.  
Address 9800 CONNECTICUT DRIVE, SUITE:A1  
-100  
City-State-Zip: CROWN POINT IN 46307

*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:** JASON WEISLER

**SECRETARY OF  
MANAGER**

**01/16/2024**

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

\_\_\_\_\_ Date