

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000008988

Entity Name: WPPI NAPLES TF NORTH RESIDENTIAL, LLC

Current Principal Place of Business:

2881 PLACIDA RD. SUITE 205
ENGLEWOOD, FL 34224

Current Mailing Address:

9800 CONNECTICUT DR. SUITE A1-100
CROWN POINT, IN 46307 US

FEI Number: 93-2933387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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 AP
Name CHAMBERS, J. MATTHEW
Address 2881 PLACIDA RD. SUITE 205
City-State-Zip: ENGLEWOOD FL 34224

Title AP
Name HALE, ROBERT
Address 2881 PLACIDA RD. SUITE 205
City-State-Zip: ENGLEWOOD FL 34224

Title MGR
Name WMB CORP.
Address 9800 CONNECTICUT DR SUITE A1-100
City-State-Zip: CROWN POINT IN 46307

Title AP
Name CARLSON, KEVIN
Address 9800 CONNECTICUT DR SUITE A1-100
City-State-Zip: CROWN POINT IN 46307

Title AP
Name WEISLER, JASON
Address 9800 CONNECTICUT DR 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 THE
MANAGER**

01/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date