

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000053816

**Entity Name:** SNS OF NAPLES, LLC

**Current Principal Place of Business:**

6632 STONEGATE DRIVE  
NAPLES, FL 34109

**Current Mailing Address:**

6632 STONEGATE DRIVE  
NAPLES, FL 34109

**FEI Number:** 37-1640688

**Certificate of Status Desired:** No

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

DENTI, KEVIN AESQ.  
C/O KEVIN A. DENTI, P.A.  
2180 IMMOKALEE ROAD, SUITE #316  
NAPLES, FL 34110 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	SADEZ, EMILIO J	Name	SADEZ, LINDA L
Address	6632 STONEGATE DRIVE	Address	6632 STONEGATE DRIVE
City-State-Zip:	NAPLES FL 34109	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:** EMILIO SADEZ

**MEMBER**

**01/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date