#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: KAREN E WELKS

Entity Name: WSR OLD NAPLES LLC **Current Principal Place of Business:** 

3066 TAMIAMI TRAIL N SUITE 201 NAPLES, FL 34103

# **Current Mailing Address:**

DOCUMENT# L13000034504

3066 TAMIAMI TRAIL N SUITE 201 NAPLES, FL 34103 US

# FEI Number: 90-0947096

### Name and Address of Current Registered Agent:

WELKS, KAREN E 3066 TÁMIAMI TRAIL N SUITE 201 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

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	WS RVN, LLC	Name	RONTO OLD NAPLES, LLC
Address	660 STEAMBOAT ROAD 3RD FLOOR	Address	3066 TAMIAMI TRAIL N SUITE 201
City-State-Zip:	GREENWICH CT 06830	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

## **REGISTERED AGENT**

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

03/21/2022 Date

Date