## 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000257821

Entity Name: ASPEN 5729, LLC

**Current Principal Place of Business:** 

5729 HAMMOCK ISLES DR NAPLES, FL 34119

**Current Mailing Address:** 

5729 HAMMOCK ISLES DR NAPLES, FL 34119 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWHON, ANTHONY M LAW OFFICE OF TONY LAWHON 3003 TAMIAMI TRAIL NORTH SUITE 200 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: ANTHONY LAWHON 12/14/2020

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** 

SMITH. WILLIAM L Name

Address 5729 HAMMOCK ISLES DR

City-State-Zip: NAPLES FL 34119

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.

12/14/2020 SIGNATURE: WILLIAM L. SMITH **PRINCIPAL** 

**FILED** Dec 14, 2020

**Secretary of State** 

3056459908CR

Date