

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000007243

**Entity Name:** SPAVINAW, LLC

**Current Principal Place of Business:**

4890 MAHOGANY RIDGE DRIVE  
NAPLES, FL 23119

**Current Mailing Address:**

4890 MAHOGANY RIDGE DRIVE  
NAPLES, FL 23119

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALLEN, JAMES G  
4890 MAHOGANY RIDGE DRIVE  
NAPLES, FL 34119 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	MGRM
Name	ALLEN, JAMES G	Name	ALLEN, CONSTANCE L
Address	4890 MAHOGANY RIDGE DRIVE	Address	4890 MAHOGANAY RIDGE DRIVE
City-State-Zip:	NAPLES FL 34119	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.*

**SIGNATURE:** JAMES G ALLEN

MGR

01/19/2020

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

\_\_\_\_\_  
Date