**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 09, 2024**
**Secretary of State**
**6651544539CC**

DOCUMENT# L18000018145

**Entity Name:** SIGNET FINANCIAL MANAGEMENT OF SWFL, LLC

**Current Principal Place of Business:**

4851 TAMIAMI TRAIL NORTH
STE 200
NAPLES, FL 34103

**Current Mailing Address:**

4851 TAMIAMI TRAIL NORTH
STE 200
NAPLES, FL 34103 US

**FEI Number: 82-4136568**

**Certificate of Status Desired:** No

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

BERTE, CHRISTOPHER S
4851 TAMIAMI TRAIL NORTH
STE 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | AR | Title | AR |
| Name | BERTE, CHRISTOPHER | Name | KOHUT, JASON S |
| Address | 512 CYPRESS WAY E | Address | 7750 BUCKS RUN DR |
| City-State-Zip: | NAPLES FL 34110 | City-State-Zip: | NAPLES FL 34120 |

*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 KOHUT AR 02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date