

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000128172

**Entity Name:** VANTANA PROPERTIES, LLC

**Current Principal Place of Business:**

439 8TH AVE S  
NAPLES, FL 34102

**Current Mailing Address:**

27655 MIDDLEBELT RD.  
STE 150  
FARMINGTON HILLS, MI 48334 US

**FEI Number:** 90-1312308

**Certificate of Status Desired:** No

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

VANHELLEMONT, ROBERT W  
439 8TH AVE S  
NAPLES, FL 34102 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 AMBR  
Name ALLIGATOR PROPERTY GROUP, LLC  
Address 439 8TH AVE S  
City-State-Zip: NAPLES FL 34102

Title AMBR  
Name FONTANA, STEVAN  
Address 208 BLACK OAK DRIVE  
City-State-Zip: PETALUMA CA 94952

Title MGR  
Name VANHELLEMONT, ROBERT W  
Address 439 8TH AVE S  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name FONTANA, STEVAN  
Address 208 BLACK OAK DRIVE  
City-State-Zip: PETALUMA CA 94952

*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:** ROBERT VANHELLEMONT

**MEMBER**

**02/03/2020**

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

\_\_\_\_\_  
Date