

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000259962

Entity Name: 270 SAWGRASS LLC

Current Principal Place of Business:

405 PINE AVE
NAPLES, FL 34108

Current Mailing Address:

PO BOX 369
BONITA SPRINGS, FL 34133 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 FITZPATRICK, MICHAELA
Address PO BOX 369
City-State-Zip: BONITA SPRINGS FL 34133

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: MICHAELA FITZPATRICK

AMBR

04/01/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date