

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000156684

**Entity Name:** SWFL DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

4951 TAMIAMI TRAIL NORTH  
SUITE 103  
NAPLES, FL 34103

**Current Mailing Address:**

4951 TAMIAMI TRAIL NORTH  
SUITE 103  
NAPLES, FL 34103 US

**FEI Number:** 84-2190831

**Certificate of Status Desired:** No

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

AXIOM ACCOUNTING, PA  
4951 TAMIAMI TRAIL NORTH  
SUITE 103  
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 MGR  
Name DAMI, JEFFREY  
Address 27028 RUE DE PAIX  
City-State-Zip: BONITA SPRINGS FL 34135

Title AMBR  
Name CALA, MARTIN  
Address 4400 5TH AVE NW  
City-State-Zip: NAPLES FL 34119

Title AUTHORIZED MEMBER  
Name SATT, MAURICIO  
Address 4935 SANDRA BAY DR  
3102  
City-State-Zip: NAPLES FL 34109

Title MGR  
Name HOYOS, MIGUEL ANGEL  
Address 15426 SUMMIT PLACE CIR  
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:** JEFFREY DAMI

**MGR**

**04/29/2022**

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

\_\_\_\_\_  
Date