

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000237489

**Entity Name:** NAPLES LEGACY INSURANCE, LLC

**Current Principal Place of Business:**

5051 CASTELLO DR. SUITE 9  
NAPLES, FL 34103

**Current Mailing Address:**

1257 INGRAHAM STREET  
NAPLES, FL 34103 US

**FEI Number:** 87-1121661

**Certificate of Status Desired:** No

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

OTERO, ADRIAN  
1257 INGRAHAM STREET  
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 P  
Name OTERO, ADRIAN  
Address 1257 INGRAHAM STREET  
City-State-Zip: NAPLES FL 34103

*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:** ADRIAN OTERO

**PRESIDENT**

**02/03/2022**

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

\_\_\_\_\_  
Date