

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000156611

**Entity Name:** 795 CRESTVIEW LLC

**Current Principal Place of Business:**

795 CRESTVIEW CIRCLE NW  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

8813 MAPLE GLEN CIR  
FORT MYERS, FL 33948 US

**FEI Number:** 88-1916774

**Certificate of Status Desired:** No

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

WALLEN, LAWRENCE C III  
8813 MAPLE GLEN CIR  
FORT MYERS, FL 33912 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 WALLEN, LAWRENCE C III  
Address 8813 MAPLE GLEN CIR  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name WALLEN, CHRISTINE R  
Address 12510 GHIBERTI CIR #102  
City-State-Zip: VENICE FL 34293

Title MGR  
Name WALLEN, DOLORES M  
Address 8813 MAPLE GLEN CIR  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name KUKLIN, ASSEN A  
Address 12510 GHIBERTI CIR #102  
City-State-Zip: VENICE FL 34293

*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:** LAWRENCE WALLEN

**OWNER**

**01/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date