#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000192433

Entity Name: PREMIER PROPERTIES OF SOUTHWEST FLORIDA, LLC

FILED
Jan 03, 2024
Secretary of State
9515672351CC

### **Current Principal Place of Business:**

4001 TAMIAMI TRAIL NORTH SUITE 350 NAPLES. FL 34103

### **Current Mailing Address:**

4001 TAMIAMI TRAIL NORTH SUITE 350 NAPLES, FL 34103 US

FEI Number: 59-2258867 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HUSKEY, BUDGE S 4001 TAMIAMI TRAIL NORTH SUITE 350 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 AMBR Title MGR

Name HUSKEY, BUDGE STRATTON Name SHEARER BRADWAY, LINDA

Address 4001 TAMIAMI TRAIL NORTH SUITE Address 4001 TAMIAMI TRAIL NORTH SUITE

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title MGR Title MGR

Name GAPE, DAVID ALAN Name KANT, PATRICIA

Address 4001 TAMIAMI TRAIL NORTH SUITE Address 4001 TAMIAMI TRAIL NORTH SUITE

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title MGR Title MGR

Name MCDONALD, ERIN Name MAX, JUANITA

Address 4001 TAMIAMI TRAIL NORTH SUITE Address 4001 TAMIAMI TRAIL NORTH SUITE

350 350

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title MGR Title MGR

Name OGILVIE, KATHLEEN Name WILLIAMS, DANIEL R

Address 4001 TAMIAMI TRAIL NORTH SUITE Address 4001 TAMIAMI TRAIL NORTH SUITE

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

### Continues on page 2

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: BUDGE HUSKEY PRESIDENT 01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# Authorized Person(s) Detail Continued:

Title MGR

Name GALLAGHER-HARE, MARYANNE

Address 4001 TAMIAMI TRAIL NORTH SUITE 350

City-State-Zip: NAPLES FL 34103

Title MGR

Name POLLACK PRIETO, CAROLYN ANN

Address 4001 TAMIAMI TRAIL NORTH SUITE 350

City-State-Zip: NAPLES FL 34103

Title MGR

Name D'ALESSANDRO, GIOVANNA

Address 4001 TAMIAMI TRAIL NORTH SUITE 350

City-State-Zip: NAPLES FL 34103

Title MGR

Name SWAIN, DOUGLAS R

Address 4001 TAMIAMI TRAIL NORTH SUITE 350

City-State-Zip: NAPLES FL 34103

Title MGR

Name CERRETA, CRAIG

Address 4001 TAMIAMI TRAIL NORTH SUITE

350

City-State-Zip: NAPLES FL 34103

Title MGR

Name FISHER, RACHEL LEA

Address 4001 TAMIAMI TRAIL NORTH SUITE

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City-State-Zip: NAPLES FL 34103

Title MANAGER

Name COOK, TERRENCE

Address 4001 TAMIAMI TRAIL NORTH SUITE

350

City-State-Zip: NAPLES FL 34103