

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**

**Apr 19, 2024**

**Secretary of State**

**6781404071CC**

DOCUMENT# L22000192433

**Entity Name:** PREMIER PROPERTIES OF SOUTHWEST FLORIDA, LLC

**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  
Name HUSKEY, BUDGE STRATTON  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name SHEARER BRADWAY, LINDA  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name GAPE, DAVID ALAN  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name KANT, PATRICIA  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name MCDONALD, ERIN  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name MAX, JUANITA  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name OGILVIE, KATHLEEN  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name WILLIAMS, DANIEL R  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
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**

**04/19/2024**

\_\_\_\_\_  
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 FISHER, RACHEL LEA  
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 POLLACK PRIETO, CAROLYN ANN  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name COOK, TERRENCE  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name O'KEEFE, JAMES  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103