

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000466565

**Entity Name:** LTRNAPLES LLC

**Current Principal Place of Business:**

1115 CENTRAL AVE  
UNIT 243  
NAPLES, FL 34102

**Current Mailing Address:**

PO BOX 1333  
NAPLES, FL 34106 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SMALL, MONICA  
1115 CENTRAL AVE.  
SUITE 243  
NAPLES, FL 34102 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:** MONICA SMALL

01/12/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FRACCI SMALL, MONICA  
Address 1115 CENTRAL AVE.  
243  
City-State-Zip: NAPLES FL 34102

*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:** MONICA FRACCI SMALL

AMBR

01/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date