

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000548275

**Entity Name:** 2375 NAPLES TRACE CIRCLE LLC

**Current Principal Place of Business:**

2375 NAPLES TRACE CIRCLE  
UNIT 5-507  
NAPLES, FL 34109

**Current Mailing Address:**

266 SAWGRASS COURT  
NAPLES, FL 34110 US

**FEI Number:** 93-4904423

**Certificate of Status Desired:** No

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

POST, ROSEANNE  
266 SAWGRASS COURT  
NAPLES, FL 34110 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	Title	AMBR
Name	POST, ROSEANNE	Name	POST, ALEXANDER
Address	266 SAWGRASS COURT	Address	266 SAWGRASS COURT
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

*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:** ROSEANNE POST

**MANAGER**

**03/01/2024**

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

\_\_\_\_\_  
Date