

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000320742

Entity Name: NAPLES INTEGRATED RECOVERY, LLC

Current Principal Place of Business:

501 GOODLETTE RD N
NAPLES FL, FL 34102

Current Mailing Address:

171 29TH ST. SW
NAPLES, FL 34117 UN

FEI Number: 99-4082858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANNEMAN, BRIAN
171 29TH ST. SW
NAPLES, FL 34117 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 OWNER
Name GRANNEMAN, BRIAN
Address 171 29TH ST. SW
City-State-Zip: NAPLES FL 34117

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: BRIAN GRANNEMAN

OWNER

01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date