

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000462772

Entity Name: FL HOMETOWN MANAGEMENT, LLC**Current Principal Place of Business:**633 9TH ST. N.
STE. 301
NAPLES, FL 34102**Current Mailing Address:**633 9TH ST. N.
STE. 301
NAPLES, FL 34102 US**FEI Number:** 33-1777103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, AMANDA
633 9TH ST. N.
STE. 301
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:** AMANDA MARTIN

04/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FLHT HOLDINGS, LLC
Address 633 9TH ST. N., STE. 301
City-State-Zip: NAPLES FL 34102

Title AP
Name GABAUER, DAVID J PRES.
Address 633 9TH ST. N., STE. 301
City-State-Zip: NAPLES FL 34102

Title AP
Name KING, HILARY L TREAS.
Address 633 9TH ST. N., STE. 301
City-State-Zip: NAPLES FL 34102

Title AP
Name BALL, ROBERT CEO
Address 633 9TH ST. N., STE. 301
City-State-Zip: NAPLES FL 34102

Title AP
Name PRIDEMORE, MATTHEW COO
Address 633 9TH ST. N., STE. 301
City-State-Zip: NAPLES FL 34102

Title AP
Name MARTIN, AMANDA
Address 633 9TH ST. N.
STE. 301
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: AMANDA MARTIN

VP OF FINANCE

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date