

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000101480

Entity Name: SPLINTEREZ LLC

Current Principal Place of Business:

1035 26TH AVENUE NORTH
NAPLES, FL 34103

Current Mailing Address:

1035 26TH AVENUE NORTH
NAPLES, FL 34103 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
5811 PELICAN BAY BLVD SUITE 650
NAPLES, FL 34108 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 MANAGER
Name DOROZENSKI, STEPHEN
Address 1035 26TH AVE N
City-State-Zip: NAPLES FL 34103

Title MANAGER
Name JEFFREY , BARNETT
Address 700 LALIQUE CIRCLE
 1003
City-State-Zip: NAPLES FL 34119

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: STEPHEN DOROZENSKI

MANAGING PARTNER

01/14/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date