

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000275620

**Entity Name:** NORTH PORT BCS, LLC

**Current Principal Place of Business:**

9566 EVERGLADES DR.  
NAPLES, FL 34120

**Current Mailing Address:**

9566 EVERGLADES DR.  
NAPLES, FL 34120 US

**FEI Number:** 87-1193076

**Certificate of Status Desired:** No

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

DAL LAGO, MIKE  
999 VANDERBILT BEACH RD.  
SUITE 200  
NAPLES, FL 34109 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            AMBR  
Name            BUFF CITY SWF, LLC  
Address        9566 EVERGLADES DR  
City-State-Zip: NAPLES FL 34120

*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:** JEFFREY ROBINSON

CEO

02/14/2024

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

\_\_\_\_\_  
Date