

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093549

Entity Name: 17TH STREET VENTURE, LLC**Current Principal Place of Business:**2020 SE 17TH STREET
OCALA, FL 34471**Current Mailing Address:**2020 SE 17TH STREET
OCALA, FL 34471 US**FEI Number:** 20-2622079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROY, KERRI K
9401 SW HWY 200
SUITE 401
OCALA, FL 34481 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:** KERRI K ROY**02/18/2021**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	ANDERSON, NORMAN H MD	Name	ROY, KERRI K
Address	2020 SE 17TH STREET	Address	9401 SW HWY 200 SUITE 401
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34481
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	BUCY, GUY S MD	Name	BRANT, TIMOTHY A MD
Address	2020 SE 17TH STREET	Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	BENNETT, CHARLES J JR MD	Name	NORMAN H ANDERSON MD PA
Address	2020 SE 17TH STREET	Address	2020 SE 17TH STREET
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

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: KERRI K ROY**AUTHORIZED
REPRESENTATIVE****02/18/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date