

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006598

**Entity Name:** 717 ASSOCIATES, LLC

**Current Principal Place of Business:**

9 CEDAR POND DRIVE  
APT.# 12  
WARWICK, RI 02886

**Current Mailing Address:**

9 CEDAR POND DRIVE  
APT.# 12  
WARWICK, RI 02886

**FEI Number:** 41-2202298

**Certificate of Status Desired:** No

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

BAILEY, STEVE  
5261 SABLE TRACE DRIVE  
NORTH PORT, FL 34287-3173 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 MGRM  
Name SEPE, JOSEPH M  
Address 9 CEDAR POND DRIVE  
City-State-Zip: WARWICK RI 02886

Title MGRM  
Name SEPE, GEORGE  
Address 2202 CRANSTON STREET  
City-State-Zip: CRANSTON RI 02920

*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:** JOSEPH SEPE

MGRM

01/08/2014

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

\_\_\_\_\_  
Date