

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009233

**Entity Name:** FLYNN VENTURES, LLC

**Current Principal Place of Business:**

1 HARTSHORN LANE  
WEST NYACK, NY 10994

**Current Mailing Address:**

1 HARTSHORN LANE  
WEST NYACK, NY 10994

**FEI Number:** 51-0567156

**Certificate of Status Desired:** No

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

MANTE, WILLIAM  
6172 HALF MOON DR.  
PORT ORANGE, FL 32127 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	Title	MGRM
Name	FLYNN, MICHAEL	Name	FLYNN, SEAN
Address	1 HARTSHORN LANE	Address	23 NORWOOD PLACE
City-State-Zip:	WEST NYACK NY 10994	City-State-Zip:	NANUET NY 10954

*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:** MICHAEL FLYNN

**MGRM**

**04/02/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date