

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000166729

**Entity Name:** 20/22 VENTURES LLC

**Current Principal Place of Business:**

7433 AMBLESIDE DR  
LAND O LAKES, FL 34637

**Current Mailing Address:**

P.O. BOX 110473  
ATTN JANICE NEWMAN  
STAMFORD, CT 06911 US

**FEI Number:** 47-5209060

**Certificate of Status Desired:** No

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

NEWMAN, JANICE  
7433 AMBLESIDE DR  
LAND O LAKES, FL 34637 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	MGR	Title	MGR
Name	NEWMAN, JANICE	Name	NEWMAN, MATTHEW
Address	7433 AMBLESIDE DR	Address	7433 AMBLESIDE DR
City-State-Zip:	LAND O LAKES FL 34637	City-State-Zip:	LAND O LAKES FL 34637

*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:** JANICE NEWMAN

**MGR**

**01/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date